#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - AGED

AID CODE 10

----- MONTHLY AVERAGE -USERS 56 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E 2,309 \$ 1 @TOTAL, ALL PROVIDERS 22,073 1,068,072.21 \$ 48.39 394.161 \$ 462.57 .536 \$.000 23 @PHYSICIANS SERVICES 30 Ś 570.73 \$ 19.02 24.81 \$

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 <td .00 .00 OUTPATIENT VISITS 0 Ω .00 OFFICE VISITS .000 .00 0 HOME VISITS .000 .00 . 000 EMERGENCY ROOM . 00 PREVENTIVE CARE .000 . 00 OB VISITS/COMPRE PERI .000 . 00 . 000 OTHER OUTPATIENT INPATIENT VISITS .000 .00 .000 HOSPITAL VISITS .00 CRITICAL CARE
SNF/ICF/TRANS IP CARE
SPRICES .000 .00 .000 . 00 OPHTHALMOLOGICAL SERVICES .000 EXAMINATIONS .000 .00 SERVICES AND MATERIALS .000 .00 INPATIENT HOSPITAL SURGERY .000 .00 .000 PRINCIPAL SURGEON .00 .000 ASSISTANT SURGEON .00 .000 ANESTHESIOLOGIST .00 OUTPATIENT SURGERY .000 .00 PRINCIPAL SURGEON .000 .00 ASSISTANT SURGEON .000 0.0 .000 ANESTHESIOLOGIST .000 DIALYSIS .00 .00 PATHOLOGY .000 .000 RADIOLOGY .00 PSYCHTATRY .000 . 00 IMMUNIZATION AND INJECTION . 000 . 00 OTHER SERVICES/ALL X-OVERS .536 24.81 124,808.17 \$ 12.19 123,711.14 199.53 24,812.27 291.91 98,898.87 184.86 1,097.03 .11 @PHARMACY 400 182.768 \$ 312.02 PRESCRIPTION DRUGS 11.071 391 620 316.40 1.518 57 SNF/ICF 85 435.30 5 / 336 11 444 333 82 535 9,615 1,809 \$ 9.554 OUTPATIENTS 294.34 MEDICAL SUPPLIES 171.696 99.73 70,450.2 12,695.55 @DENTIST \$ 38.97 32.304 \$ 158.78 1,149 261 1 11.05 47.69 VISITS - DIAGNOSTIC 20.518 38.12 ORAL SURGERY 4.661 151.79 DRUGS 1 15.00 15.00 .018 15.00 94.44 .321 103.00 .411 222.39 .411 68.51 2.536 33.33 .107 178.41 2.625 .00 .000 94.44 103.00 269.21 128.01 1,700.00 18 ANESTHESIA 23 23 PERIODONTICS 2,369.00 23 142 ENDODONTICS 19 5,115.00 9,728.50 RESTORATIVE DENTISTRY 6 147 6 61 PROSTHETICS 200.00 33.33 26,226.75 429.95 DENTURES, STAYPLATES 0 Ω .00 .00 SPACE MAINTAINERS .00 .00 .000 .00 .00 .000 .00 .00 .000 MAXILLOFACIAL SERVICES .00 FRACTURES, DISLOCATIONS .00 ORTHODONTIC SERVICES .000 .00

SANTA CRUZ COUNTY

FEE-FOR-SERVICE/DENTAL MOP024

SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

							M	ONT	HLY AVERA	GE -
56 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST			COST PER	C
		OR DAYS OF CARE				UNIT/DAY			USER	Ē
@OPTOMETRIST	7	17	\$	299.70	\$	17.63	.304		42.81	\$
DIAGNOSTIC AND ANC. PROCED	3	3	т	55.46	т	18.49	.054	т	18.49	т
EYE APPLIANCES	5	14		244.24		17.45	.250		48.85	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$
VISITS	0	0	Ą	.00	ې	.00	.000	ې	.00	Ą
OTHER SERVICES	0	0		.00		.00	.000		.00	
	0	0	.		4			4		d
@PODIATRIST	0	· · · · · · · · · · · · · · · · · · ·	\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	•	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0	0	\$ \$ \$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$
@TOTAL HOSPITAL	4	10	\$	5,999.09CR	\$	599.91CR	.179	\$	1499.770	R\$
HOSP INPATIENT TOTAL	0	0		6,276.00CR		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		6,276.00CR		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	4	10		276.91		27.69	.179		69.23	
MEDICAL	0	0		.00		.00	.000		.00	
	0	0								
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	· · · · · · · · · · · · · · · · · · ·		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	4	10		276.91		27.69	.179		69.23	_
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
LIDICAL	O	O		.00		.00	.000		.00	

SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2005 THRU D	EC 2005

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRIZ COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

MOP024	FEE-FOR-SERVICE/										
SANTA CRUZ COUNTY	SUMMARY OF SERVI	ICES FOR	CASH GRA	- TNA	AGED		AID CODE				
										'HLY AVERA	
56 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY		COST PER	C
		OR DAYS	OF CARE					PER ELIG		USER	E
@COMMUNITY HOSPITAL TOTAL	4		10	\$	5,999.09CR	\$	599.91CR		\$	1499.770	!R\$
COMM HOSP INPATIENT TOTAL	0		0		6,276.00CR		.00	.000		.00	
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0 0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
ANCILLARIES	0		0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0		0		6,276.00CR		.00	.000		.00	
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	4		10		276.91		27.69	.179		69.23	
MEDICAL	0		0		.00		.00	.000		.00	
SURGERY	0		0		.00		.00	.000		.00	
PATHOLOGY	0		Ö		.00		.00	.000		.00	
RADIOLOGY	0		0		.00		.00	.000		.00	
ROOM USE	0		0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	4		10		276.91		27.69	.179		69.23	
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$
MENTALLY ILL	0		0	ų	.00	ų	.00	.000	Y	.00	ų
DEVELOP. DISABLED	0		0		.00		.00	.000		.00	
	0		62	<u>ب</u>		Ċ.			۲.		<u>ب</u>
@NURSING FACILITY	4		0	\$	8,274.82	\$	133.46	1.107	\$	2068.71	\$
LEV A-INTERMEDIATE	0				.00		.00	.000		.00	
LEV B-REHAB MD	•		0 0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING			0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0				.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
LEV B-REGULAR	4		62	_	8,274.82		133.46	1.107		2068.71	
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00		\$.00	\$
ICF DDH	0		0		.00		.00	.000		.00	
ICF DD	0		0		.00		.00	.000		.00	
ICF DDN/DDCN	0		0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00		\$.00	\$
HOSPITAL BASED	0		0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0		0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00	
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$
PATHOLOGY	0		0		.00		.00	.000		.00	
XO AND OTHERS	0		0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	719	4	1,912	\$	586,365.49	\$	119.37	87.714	\$	815.53	\$ 1
CLINIC	0		0	-	.00		.00	.000	·	.00	-
SURGICENTER	0		0		.00		.00	.000		.00	

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA

FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV

MOP024

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

					MON'	THLY AVERAGI	Z −
56 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	911	4,998 \$	283,256.09	\$ 56.67	89.250 \$	310.93	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	9	59	4,126.10	69.93	1.054	458.46	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	599	4,225	270,924.17	64.12	75.446	452.29	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	301	701	7,901.48	11.27	12.518	26.25	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	1	4	174.31	43.58	.071	174.31	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	8	9	130.03	14.45	.161	16.25	
@CALIF. CHILDREN SERVICES*	1	16 \$	1,705.28	\$ 106.58	.286 \$	1705.28	\$
@XOVER EXCLUDING STATE HOSP**	38	64 \$	4,603.43CR	\$ 71.93CR	1.143 \$	121.14CRS	\$
OF MOMATO IN MUDOD TINDO ADD O	TITUL A O TANTIT	A DD TATEODAYA DTOAT TOEAK	ONTT 37				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

					MONTHLY AVER				
03 ELIGIBLES	USERS	UNITS OF SERVIC	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	
@TOTAL, ALL PROVIDERS	340	39,300	\$	511,205.91	\$ 13.01	3100.000 \$	1503.55	\$17	
@PHYSICIANS SERVICES	11	21	\$	4,163.56	\$ 198.26	7.000 \$	378.51	\$	
OUTPATIENT VISITS	6	6		638.45	106.41	2.000	106.41		
OFFICE VISITS	3	3		328.05	109.35	1.000	109.35		
HOME VISITS	0	0		.00	.00	.000	.00		
EMERGENCY ROOM	2	2		246.47	123.24	.667	123.24		
PREVENTIVE CARE	0	0		.00	.00	.000	.00		
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	1	1	63.93	63.93	.333	63.93	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	1
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	25.96	25.96	.333	25.96	
EXAMINATIONS	1	1	25.96	25.96	.333	25.96	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	2	2,783.61	1391.81	.667	2783.61	
PRINCIPAL SURGEON	1	2	2,783.61	1391.81	.667	2783.61	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	3	7	97.85	13.98	2.333	32.62	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	2	5	617.69	123.54	1.667	308.85	
@PHARMACY	81	1,204	\$ 30,166.69	\$ 25.06	401.333	\$ 372.43	\$ 1
PRESCRIPTION DRUGS	76	141	28,189.48	199.93	47.000	370.91	
SNF/ICF	8	10	1,166.20	116.62	3.333	145.78	
OUTPATIENTS	68	131	27,023.28	206.28	43.667	397.40	
MEDICAL SUPPLIES	13	1,063	1,977.21	1.86	354.333	152.09	
@DENTIST	49	187	\$ 6,636.45		62.333		
VISITS - DIAGNOSTIC	33	126	1,877.30	14.90	42.000	56.89	1
ORAL SURGERY	3	15	1,108.00	73.87	5.000	369.33	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	1	1	.00	.00	.333	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	13	27	886.15	32.82	9.000	68.17	
PROSTHETICS	0	0	.00	.00	.000	.00	

DENTURES, STAYPLATES	8	14	2,765.00	197.50	4.667	345.63
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.333	.00
ALL OTHER SERVICES	2	3	.00	.00	1.000	.00
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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL PA

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SANTA CRUZ COUNTY	SUMMARY OF SERV	TCES FOR	CASH G	KAN'I	- BLIND		AID CODE		∩NTF	מרכונו או אוויי	CE
02 81 16181 86	Hanna	INITEG OF	GEDIAT GI	-		70 77 77				THLY AVERA	
03 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST			COST PER	C
C O DESCRIPTION TO CE	-	OR DAYS			40.05		R UNIT/DAY			USER	E
@OPTOMETRIST	1		3	\$	42.85	\$	14.28	1.000	Ş		\$
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00	
EYE APPLIANCES	1		3		42.85		14.28	1.000		42.85	
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00	
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$		\$
VISITS	0		0		.00		.00	.000		.00	
OTHER SERVICES	0		0		.00		.00	.000		.00	
@PODIATRIST	1		1	\$	2.88	\$	2.88	.333	\$	2.88	\$
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00	
SURGERY/ANES.	0		0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00	
OTHER	1		1		2.88		2.88	.333		2.88	
@HOME HEALTH AGENCY	1		5 0	\$	329.57	\$	65.91	1.667	\$	329.57	\$
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$
PEDIATRIC NURSE PRACTITIONER	0		0	Ė	.00	Ė	.00	.000	Ė	.00	Ė
FAMILY NURSE PRACTITIONER	0		0	Ė	.00	\$.00	.000	\$.00	Ė
@TOTAL HOSPITAL	6		23	Ė	27,550.56		1197.85			4591.76	Ė
HOSP INPATIENT TOTAL	1		4	7	27,216.32	т.	6804.08	1.333	-T	27216.32	т.
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	1		4		27,216.32		6804.08	1.333		27216.32	
ACCOMMODATIONS	1		4		3,066.88		766.72	1.333		3066.88	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	1		4		3,066.88		766.72	1.333		3066.88	
ANCILLARIES	1		0		24,149.44		.00	.000		24149.44	
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	U		19		334.24		17.59	6.333		66.85	
MEDICAL	J 1		1		57.11		57.11	.333		57.11	
SURGERY	0		0		.00		.00	.000		.00	
	0		11		144.07		13.10	3.667			
PATHOLOGY	3									48.02	
RADIOLOGY	1		1		18.71		18.71	.333		18.71	
ROOM USE	3 1		5 1		98.87		19.77	1.667		32.96	
CROSSOVERS/ALL OTH OUTPTNT	1			_	15.48		15.48	.333		15.48	_
@COUNTY HOSPITAL TOTAL	2		5	\$	62.35	\$	12.47	1.667	Ş	31.18	\$
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00	
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	

ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	2	5	62.35	12.47	1.667	31.18	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	1	3	62.35	20.78	1.000	62.35	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	1	2	.00	.00	.667	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES N	MONTH-OF-PAYMENT R	EPORT FOR JAN	2005 THRU DE	IC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	_					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FO	OR CASH GRANT	- BLIND	AID CODE	20		
					MON	NTHLY AVERA	AGE -
03 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
	OR DA	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
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USERS	UNITS OF SERVICE		EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	S	COST PER	C
	OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E
4	18	\$	27,488.21	\$ 1	527.12	6.000	\$	6872.05	\$
1	4		27,216.32	. 6	804.08	1.333		27216.32	
0	0		.00		.00	.000		.00	
1	4		27,216.32	6	804.08	1.333		27216.32	
1	4		3,066.88		766.72	1.333		3066.88	
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	USERS 4 1 0 1 1 0 0 1 1 0 0 0 3 1 0 0 2 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 4	OR DAYS OF CARE 1	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY PER ELIG PER UNIT/DAY PER ELIG PER UNIT/DAY PER ELIG ST.122 6.000 1 4 18 \$ 27,488.21 \$ 1527.12 6.000 1 4 27,216.32 66804.08 1.333 0 0 .00 .00 1 4 3,066.88 766.72 1.333 1 4 3,066.88 766.72 1.333 1 4 3,066.88 766.72 1.333 1 0 .00 .00 .00 0 0 .00 .00 .00 1 4 3,066.88 766.72 1.333 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 1 1 1 15.71 18.71 18.71 <td> USERS</td> <td>OR DAYS OF CARE 18 \$ 27,488.21 \$ 1527.12 \$ 6.000 \$ 6872.05 \$ 6874.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 1.333 \$</td>	USERS	OR DAYS OF CARE 18 \$ 27,488.21 \$ 1527.12 \$ 6.000 \$ 6872.05 \$ 6874.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 6804.08 \$ 1.333 \$ 27216.32 \$ 1.333 \$			

PATHOLOGY	0	0	.00	.00	.000	.00	
XO AND OTHERS	0	0	.00	.00	.000	.00	
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	98	522 \$	63,194.51				\$ 2
0211110	_	6	670.72	111.79	2.000	335.36	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	0	0	.00	.00	.000	.00	_
RURAL HEALTH CLINIC	96	516	62,523.79	121.17	172.000	651.29	2
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2005 THRU DEC	2005	PA
MOP024 SANTA CRUZ COUNTY	FEE-FOR-SERVIC	E/DENTAL					
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY 03 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	SUMMARY OF SER	VICES FOR CASH GRANT	- BLIND	AID CODE			- CT
02 81 10181 80	Hanna	INTEG OF GERVICE		717D7GD GOGD	MONT		
03 FFIGIRIES	USERS	OD DAVE OF CARE	EXPENDITURES				C
ONLI OMITTO DDOMIDADA	1 - 4	OR DAYS OF CARE	276 104 06	PER UNIT/DAY		USER	E
@ALL OTHER PROVIDERS	154	37,175 \$	376,184.96		2391.667 \$		\$12
DURABLE MED. EQUIP.	5	6	6,523.37		2.000	1304.67	
RECON RANK	0	0	.00		.000	.00	
HEAKING AID DISPENSERS	0	1 (.00		.000	.00	
MEDICAL TRANSPORTATION	3	16	311.28	19.46	5.333	103.76	
AMBULANCES/AIR TRANS	3	15	301.40	20.09	5.333 5.000 .000	100.47	
OTHER TRANS	0	0	.00	.00			
OTHER SERVICES	1	1	9.88	9.88	.333	9.88	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	1		105.00	105.00 40.50	.333	105.00 2585.42	_
THMC, MODEL-NF, NF, AIDS, MSSP	85	5,426	219,760.35	40.50			7
OCCUPATIONAL THERAPIST	17	4.0	.00	.00	.000	.00	
OPTICIAN	1/	40	384.54	9.61	13.333	22.62	
PHYSICAL THERAPIST	0	0	.00		.000	.00	
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	0	0 8 8 0 0 0 4 0	.00 1,464.50 1,464.50	.00	.000	.00 1464.50	
PROSTHETIST/ORTHOTISTS	1	8	1,464.50	183.06			
PROSTHETICS	1	8			2.667	1464.50	
DOMONIOLOGICE	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	2	4	222.58	55.65	1.333	111.29	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT.	1.0	8,816	.00	.00	.000	.00 1062.28	
EDODE CUDDIEMENENT CEDITOR	10	4,344	16,996.44	1.93 27.24	2938.667	9860.96	3
EPSDI SUPPLEMENTAL SERVICE	12	4,344	118,331.53	.00	1448.000	.00	3
PED SUBACUTE REHAB/WEANING	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	0 29	10 514	12,085.37			416.74	
@CALIF. CHILDREN SERVICES*	63	0 18,514 23,965 \$	182,781.24		6171.333 7988.333 \$		\$ 6
@XOVER EXCLUDING STATE HOSP**		23,965 \$ 11 \$	43.26		3.667 \$	10.82	\$ 5
@* TOTALS IN THESE LINES ARE		DYLE INEODMYLION ILEM		٥.93	٥.00/ ې	10.62	Ą
THE AMOUNTS ARE ALREADY IN							
** THESE DATA ARE INCLUDED I							
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES		מגד. ס∩ק ידס∩סק	מחוד ששוו חבר	1 2005	PΑ
MOP024	FEE-FOR-SERVIC		MONTH OF TATMENT RE	BIORI FOR UAIN	2005 TIMO DEC	2005	L F.
SANTA CRUZ COUNTY		VICES FOR CASH GRANT	- DISABLED	AID CODE	60		
BINIII CROZ COONII	BOTH MICE OF BEI	TVICED FOR CASH GRANT	DIGIBLED	THE CODE	MONT	'HI'A AMERA	GE -
448 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS		C
110 ===================================	0.0 2.11.0	OR DAYS OF CARE		PER UNIT/DAY	•	USER	Ē
@TOTAL, ALL PROVIDERS	24,850	287,640 \$	17,066,191.18	\$ 59.33	642.054 \$	686.77	
@PHYSICIANS SERVICES	829	3,441 \$	217,136.42	\$ 63.10	7.681 \$	261.93	
OUTPATIENT VISITS	480	622	32,424.89	52.13	1.388	67.55	'
- 	= - 0		,				

OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	191	233		12,912.06	55.42	.520	67.60	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	55	59		4,763.84	80.74	.132	86.62	
PREVENTIVE CARE	1	1		61.26	61.26	.002	61.26	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	61.26	
OTHER OUTPATIENT	264	329		14,687.73	44.64	.734		
INPATIENT VISITS	109	628		54,254.34	86.39	.734 1.402	497.75	
HOSPITAL VISITS	88	440		29,474.60	66.99	.982	334.94	
CRITICAL CARE	22	173		24.230.24	140.06	.386	1101.37	
SNF/ICF/TRANS IP CARE	13	15		549 50	36 63	.033	42.27	
OPHTHALMOLOGICAL SERVICES	15	22		949 76	43 17	.049	63 32	
EXAMINATIONS	15	22		949 76	43 17	049	63.32	
SERVICES AND MATERIALS	0	0		00	0.0	000	63.32 .00 531.37 557.94 151.30	
TNPATTENT HOSPITAL SURGERY	62	396		32 944 83	83 19	884	531 37	
DRINCIDAL SURGEON	Δ1	60		22,311.03	381 26	134	557 94	
AGGIGTANT GIDGEON	3	4		453 Q1	113 /0	000	151 30	
ANEGTHEGIOLOGICT	3 27	337		9 615 59	28 96	.741	356.13	
OUTTO ATTENT CUDCEDV	07	425		24 722 10	20.JU 50.JU	.949		
DDINCIDAL CUDCEON	4.0	72		11 401 47	156 10	.163		
ACCICTANT CIDCEON	49	73		11,401.47	130.10	.103	.00	
ASSISIANI SURGEON	U 4 F	2.52		12 221 62	.00	.000 .786	296.04	
ANESINESIOLOGISI	45	352		13,321.63	37.85	.786	296.04	
DIALISIS	0	177		.00	.00 40.52 37.38	.000	.00 217.33 76.94	
PATHOLOGY	33	1//		7,171.91	40.52	.395	217.33	
RADIOLOGY	1/1	352		13,156.88	37.38	. 786	76.94	
PSYCHIATRY	45	31		1,463.90	47.22	.069 .118	58.56	
IMMUNIZATION AND INJECTION	7	53		3,716.43	70.12	.118	530.92	
OTHER SERVICES/ALL X-OVERS	319	/35		46,330.38	63.03	1.641		
RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	12,291	78,995 28,944 8,111 20,833 50,051 10,140 6,344 1,147 23 102 135	Ş	7,281,989.25	\$ 92.18	176.328		
PRESCRIPTION DRUGS	12,138	28,944		7,099,884.84	245.30	64.607	584.93	1
SNF/ICF	2,521	8,111		1,790,689.36	220.77	18.105 46.502 111.721	710.31	
OUTPATIENTS	9,835	20,833		5,309,195.48	254.85	46.502	539.83	1
MEDICAL SUPPLIES	410	50,051	4.	182,104.41	3.64	111.721	444.16	4.
@DENTIST	2,454	10,140	Ş	355,714.82	\$ 35.08	22.634		Ş
VISITS - DIAGNOSTIC	1,776	6,344		78,207.91	12.33	14.161	44.04	
ORAL SURGERY	378	1,147		65,471.90	57.08	2.560		
DRUGS	21	23		320.00	13.91	.051	15.24	
ANESTHESIA	89	102		7,910.00	77.55	.228	88.88	
PERIODONTICS	128	135		15,380.15	113.93	.301	120.16	
ENDODONTICS	161	238		47,548.41	199.78 55.91	.531	295.33	
RESTORATIVE DENTISTRY	569	1,369		76,536.50	55.91	3.056	134.51	
PROSTHETICS	27	29		869.50	29.98	.065 1.257	32.20	
DENTURES, STAYPLATES	182	563		58,290.45	103.54	1.257	320.28	
SPACE MAINTAINERS	1	3		360.00	120.00	.007	360.00	
MAXILLOFACIAL SERVICES	6	7		3,750.00	535.71 .00	.016	625.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	8	13		995.00	76.54	.029	124.38	
ALL OTHER SERVICES	112	167		75.00	.45	.373	.67	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	ES MON	ITH-OF-PAYMENT RI	EPORT FOR JAN	2005 THRU	DEC 2005	PA
MOP024	FEE-FOR-SERVICE							
SANTA CRUZ COUNTY	SUMMARY OF SERV	VICES FOR CASH GR	ANT -	DISABLED	AID CODE			
							ONTHLY AVERA	AGE -
448 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		,		C
		OR DAYS OF CARE			PER UNIT/DAY			E
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EYE APPLIANCES 24 66 1,281.64 19.42 .14	7 53.40
OTHER OPTOMETRIC SERVICES 5 5 236.80 47.36 .01	
	0 \$.00 \$
VISITS 0 0 .00 .00 .00	0 .00
OTHER SERVICES 0 0 .00 .00 .00	0 .00
	2 \$ 23.24 \$
MEDICINE/INJECTIONS 1 1 57.20 57.20 .00	2 57.20
SURGERY/ANES. 0 0 .00 .00 .00	0 .00
RADIO./PATHOLOGY 0 0 .00 .00 .00 .00	0 .00
OTHER 9 105.46 11.72 .02	0 17.58
@HOME HEALTH AGENCY 81 3,619 \$ 148,642.51 \$ 41.07 8.05	8 \$ 1835.09 \$
NURSE ANESTHESIST 0 0 \$.00 \$.00 .00	0 \$.00 \$
NURSE MIDWIFE 0 0 \$.00 \$.00 .00	0 \$.00 \$
PEDIATRIC NURSE PRACTITIONER 0 0 \$.00 \$.00 .00	0 \$.00 \$
FAMILY NURSE PRACTITIONER 0 0 \$.00 \$.00 .00	0 \$.00 \$
@TOTAL HOSPITAL 942 5,631 \$ 1,354,051.45 \$ 240.46 12.56	9 \$ 1437.42 \$
HOSP INPATIENT TOTAL 197 555 1,153,091.97 2077.64 1.23	9 5853.26
HSC HOSPITALS 78 541 983,783.00 1818.45 1.20	8 12612.60
NON-HSC HOSPITAL TOTAL 7 14 44,584.81 3184.63 .03	1 6369.26
ACCOMMODATIONS 7 14 10,916.92 779.78 .03	1 1559.56
ADMINISTRATIVE DAYS 0 0 .00 .00 .00	0 .00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00	0 .00
ALL OTHER ACCOM 7 14 10,916.92 779.78 .03	1 1559.56
ANCILLARIES 7 0 33,667.89 .00 .00	0 4809.70
INPATIENT CROSSOVERS 112 0 124,724.16 .00 .00	0 1113.61
ALL OTHER INPATIENT 0 0 .00 .00 .00	0 .00
HOSP OUTPATIENT TOTAL 791 5,076 200,959.48 39.59 11.33	0 254.06
MEDICAL 213 677 62,696.22 92.61 1.51	1 294.35
SURGERY 55 69 5,030.60 72.91 .15	4 91.47
PATHOLOGY 227 1,856 19,882.40 10.71 4.14	3 87.59
RADIOLOGY 150 220 40,236.67 182.89 .49	1 268.24
ROOM USE 425 597 24,808.96 41.56 1.33	3 58.37
CROSSOVERS/ALL OTH OUTPTNT 269 1,657 48,304.63 29.15 3.69	9 179.57
@COUNTY HOSPITAL TOTAL 50 261 \$ 194,136.07 \$ 743.82 .58	3 \$ 3882.72 \$
CO HOSPITAL INPATIENT TOTAL 15 141 189,727.64 1345.59 .31	
	5 12648.51

NON-HSC HOSPITALS TOTAL	1	3	2,149.45	716.48	.007	2149.45	
ACCOMMODATIONS	1	3	693.90	231.30	.007	693.90	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	3	693.90	231.30	.007	693.90	
ANCILLARIES	1	0	1,455.55	.00	.000	1455.55	
INPATIENT CROSSOVERS	2	0	1,154.19	.00	.000	577.10	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	37	120	4,408.43	36.74	.268	119.15	
MEDICAL	26	37	1,970.08	53.25	.083	75.77	
SURGERY	2	3	267.18	89.06	.007	133.59	
PATHOLOGY	6	31	348.04	11.23	.069	58.01	
RADIOLOGY	5	9	734.35	81.59	.020	146.87	
ROOM USE	10	14	361.82	25.84	.031	36.18	
CROSSOVERS/ALL OTH OUTPTN	T 13	26	726.96	27.96	.058	55.92	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN	2005 THRU DE	EC 2005]

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

SANTA CRUZ COUNTY	SUMMARY OF SERV	/ICES FOR CA	ASH GRANT	- DISABLED		AID CODE	60				
							M		HLY AVERA	GE -	
448 ELIGIBLES	USERS	UNITS OF SE	ERVICE	EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	S	COST PER	C	
		OR DAYS OF	CARE		PE	R UNIT/DAY	PER ELIG		USER	E	
@COMMUNITY HOSPITAL TOTAL	899	5,3	370 \$	1,159,915.38	\$	216.00	11.987	\$	1290.23	\$	
COMM HOSP INPATIENT TOTAL	183	4	114	963,364.33		2326.97	.924		5264.29		
HSC HOSPITALS	67	4	103	797,359.00		1978.56	.900		11900.88		
NON-HSC HOSPITALS TOTAL	6		11	42,435.36		3857.76	.025		7072.56		
ACCOMMODATIONS	6		11	10,223.02		929.37	.025		1703.84		
ADMINISTRATIVE DAYS	0		0	.00		.00	.000		.00		
TRANSITIONAL IP CARE	0		0	.00		.00			.00		
ALL OTHER ACCOM	6		11	10,223.02		929.37	.025		1703.84		
ANCILLARIES	6		0	32,212.34		.00	.000		5368.72		
INPATIENT CROSSOVERS	110		0	123,569.97		.00	.000		1123.36		
ALL OTHER INPATIENT	0		0	.00		.00	.000		.00		
COMM HOSP OUTPATIENT TOTAL	758	4,9	956	196,551.05 60,726.14		39.66	11.063		259.30		
MEDICAL	189	6	540	60,726.14		94.88	1.429		321.30		
SURGERY	53		66	4.763.42		72.17	.147		89.88		
PATHOLOGY	221	1,8	325	19.534.36		10.70	4.074		88.39		
RADIOLOGY	145	2	211	39,502.32		187.21	.471		272.43		
ROOM USE	415	5	583	24,447.14		41.93	1.301		58.91		
CROSSOVERS/ALL OTH OUTPTNT	256	1,6	531	47,577.67		29.17	3.641		185.85		
@STATE HOSPITAL	0		0 \$.00	\$.00	.000	\$.00	\$	
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	0		0	.00		.00	.000		.00		
DEVELOP. DISABLED	0		0	.00		.00	.000		.00		
@NURSING FACILITY	38	1,0)64 \$	160,370.49	\$	150.72	2.375	\$	4220.28	\$	
LEV A-INTERMEDIATE	1		30	2,686.20		89.54	.067		2686.20		
LEV B-REHAB MD	23	7	742	113,532.88		153.01	1.656		4936.21		
LEV B-SUBACUTE FREESTANDING			0	.00		.00	.000		.00		
LEV B-SUBACUTE HSPTL BASED	0		0	.00		.00	.000		.00		
LEV B-TRANSITIONAL IP CARE	0		0	.00		.00	.000		.00		
LEV B-REGULAR	14	2	292	44,151.41		151.20	.652		3153.67		
@INTERMEDIATE CARE FACILDD	10		290 \$	47,400.50	\$	163.45	.647	\$	4740.05	\$	
ICF DDH	10	2	290	47,400.50		163.45	.647		4740.05		
ICF DD	0		0	.00		.00	.000		.00		
ICF DDN/DDCN	0		0	.00		.00	.000		.00		
@HEMODIALYSIS TOTAL	0		0 \$.00	\$.00	.000	\$		\$	
HOSPITAL BASED	0		0	.00		.00	.000		.00		

HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	314	4,799	62,482.54	\$	13.02	10.712	\$	198.99	\$
HOSPITAL BASED	62	247	6,545.79		26.50	.551		105.58	
INDEPENDENT FACILITY	253	4,552	55,936.75		12.29	10.161		221.09	
@LABORATORY FACILITY	43	186	2,014.06	\$	10.83	.415	\$	46.84	\$
PATHOLOGY	42	185	1,995.96		10.79	.413		47.52	
XO AND OTHERS	1	1	18.10		18.10	.002		18.10	
@ORGANIZED OUTPATIENT CLINIC	10,582	29,203	6,589,330.41	\$	225.64	65.185	\$	622.69	\$ 1
CLINIC	10	30	708.83		23.63	.067		70.88	
SURGICENTER	1	1	82.42		82.42	.002		82.42	
HEROIN DETOX CLINIC	1	11	139.36		12.67	.025		139.36	
RURAL HEALTH CLINIC	10,571	29,161	6,588,399.80		225.93	65.092		623.25	1
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENT	AL							

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

DANIA CROZ COUNTI	DOMESTICE OF DEEK	VICED FOR CADIF GRAIN	T DICADILID	AID CODE	0 0		
					MON	THLY AVERA	GE -
448 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG		E
@ALL OTHER PROVIDERS	2,773	150,164 \$	844,796.36	\$ 5.63	335.188 \$	304.65	\$
DURABLE MED. EQUIP.	152	748	138,033.57	184.54			
BLOOD BANK	0 5	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	5	7	1,824.37	260.62	.016	364.87	
MEDICAL TRANSPORTATION	45	1,305	17,609.15	13.49	2.913	391.31	
AMBULANCES/AIR TRANS	45	1,293	13,170.23	10.19	2.886	292.67	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	12	12	4,438.92	369.91	.027	369.91	
ACUPUNCTURE	2	4	59.10	14.78		29.55	
ADULT DAY HEALTH CARE CTR	0	0	.00			.00	
GENETIC DISEASE TESTING	4	4	420.00				
IHMC, MODEL-NF, NF, AIDS, MSSP	552	8,395	382,609.28		18.739	693.13	
OCCUPATIONAL THERAPIST	7	86	1,025.21	11.92	.192	146.46	
OPTICIAN	1,114	2,703	27,655.24	10.23	6.033	24.83	
PHYSICAL THERAPIST	1	9	147.04		.020	147.04	
PORTABLE X-RAY	2	4	61.28	15.32	.009		
PROSTHETIST/ORTHOTISTS	15	59	9,944.75	168.56	.132	662.98	
PROSTHETICS	15	59	9,944.75	168.56	.132	662.98	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00				
SPEECH AND AUDIOLOGY	16	40	1,610.32				
HOSPICE SERVICES	0	0	.00		.000	.00	
NONINST BIRTHING CENTERS	0	0	.00		.000	.00	
LOCAL EDUCATION AGENCIES	736	21,591				207.32	
EPSDT SUPPLEMENTAL SERVICE	2	1,528	37,313.76			18656.88	
RESPIRATORY CARE PRACT.	0	0	.00		.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00		.000	.00	
ALL OTHER PROVIDERS	229	- ,	73,896.75			322.69	
@CALIF. CHILDREN SERVICES*	,		2,618,647.43				
@XOVER EXCLUDING STATE HOSP**		275 \$		\$ 490.81	.614 \$	671.50	\$
®★ TOTATO THE THEOR TIMES ADD	CITIENT AC A CEDA	DATE THEODMATION THE	M ONT V.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

385 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			C
	10,720 471 274 148 2 31	OR DAYS OF CARE		PER UNIT/DAY		USER	E
@TOTAL, ALL PROVIDERS	10,720	40,684 \$	2,516,264.21	\$ 61.85	105.673		\$
@PHYSICIANS SERVICES	471	1,853 \$	153,355.24	\$ 82.76	4.813 \$	325.59	\$
OUTPATIENT VISITS	274	312	18,750.53	60.10	.810	68.43	
OFFICE VISITS	148	163	11,297.38	69.31	.423	76.33	
HOME VISITS	2	6	182.40	30.40	.016	91.20	
EMERGENCY ROOM	31	30	2,334.77	77.83	.078	75.32	
PREVENTIVE CARE	1	1	54.83	54.83	.003	54.83	
OB VISITS/COMPRE PERI	1	3	181.44	60.48	.008	181.44	
OTHER OUTPATIENT	100		4,699.71	43.12	.283	47.00	
INPATIENT VISITS	46	244	28,372.61	116.28	.634	616.80	
HOSPITAL VISITS	40	113	7,927.83	70.16	.294	198.20	
CRITICAL CARE	15	131	20,444.78	156.07	.340	1362.99	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	23	29	1,350.48	46.57	.075	58.72	
	23	29					
EXAMINATIONS	0	0	1,350.48	46.57	.075	58.72	
SERVICES AND MATERIALS			.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	38	255	25,188.21	98.78	.662	662.85	
PRINCIPAL SURGEON	22	28	17,784.34	635.16	.073	808.38	
ASSISTANT SURGEON	1	1	520.10	520.10	.003	520.10	
ANESTHESIOLOGIST	22	226	6,883.77	30.46	.587	312.90	
OUTPATIENT SURGERY	48	209	14,375.22	68.78	.543	299.48	
PRINCIPAL SURGEON	32	51	9,249.45	181.36	.132	289.05	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	19	158	5,125.77	32.44	.410	269.78	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	14	37	864.20	23.36	.096	61.73	
RADIOLOGY	94	182	10,093.02	55.46	.473	107.37	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	6	6	198.72	33.12	.016	33.12	
OTHER SERVICES/ALL X-OVERS	182	579	54,162.25	93.54	1.504	297.59	
@PHARMACY	452	1,442 \$			3.745 \$		\$
PRESCRIPTION DRUGS	429	798	113,397.71	142.10	2.073	264.33	т
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	429	798	113,397.71	142.10	2.073	264.33	
MEDICAL SUPPLIES	52	644	7,258.95	11.27	1.673	139.60	
@DENTIST	3,069	16,437 \$		\$ 27.56	42.694 \$		\$
VISITS - DIAGNOSTIC	2,513	11,395	154,602.20	13.57	29.597	61.52	Y
ORAL SURGERY	352	703	46,209.05	65.73	1.826	131.28	
DRUGS	179	190	4,363.75	22.97	.494	24.38	
	72	76					
ANESTHESIA			6,930.00	91.18	.197	96.25	
PERIODONTICS	49	50	5,165.10	103.30	.130	105.41	
ENDODONTICS	219	551	57,648.45	104.63	1.431	263.23	
RESTORATIVE DENTISTRY	926	3,113	158,076.70	50.78	8.086	170.71	
PROSTHETICS	14	18	470.00	26.11	.047	33.57	
DENTURES, STAYPLATES	20	60	3,545.50	59.09	.156	177.28	
SPACE MAINTAINERS	31	35	4,391.00	125.46	.091	141.65	
MAXILLOFACIAL SERVICES	4	4	197.50	49.38	.010	49.38	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	95	140	10,923.00	78.02	.364	114.98	
ALL OTHER SERVICES	71	102	525.00	5.15	.265	7.39	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2005 THRU DE	EC 2005	PA
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SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMM

----- MONTHLY AVERAGE -

205 81 1618186	HODDO	INITES OF SERVICE			73 7 7		IVI			
385 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST				C
		OR DAYS OF CARE	4.			R UNIT/DAY			USER	E
@OPTOMETRIST	10		\$	410.34	\$.052	Ş	41.03	\$
DIAGNOSTIC AND ANC. PROCED	6	6		154.66		25.78	.016		25.78	
EYE APPLIANCES	4	9		128.55		14.28	.023		32.14	
OTHER OPTOMETRIC SERVICES	3	5 0		127.13		25.43	.013		42.38	
@CHIROPRACTOR			\$.00	\$.00	.000	\$.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0		\$.00	\$.00	.000	\$.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0 2 0	1CR	\$	86.15	\$	86.15CR	.003C	R\$	43.08	\$
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$
NURSE MIDWIFE	0			.00	\$.00	.000		.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ \$ \$.00	\$.00	.000		.00	\$
@TOTAL HOSPITAL	415	1,461	\$	436,539.02	\$				1051.90	\$
HOSP INPATIENT TOTAL	42	128	'			2966.24	.332	'	9039.98	'
HSC HOSPITALS	39	119		328,295.00		2758.78	.309		8417.82	
NON-HSC HOSPITAL TOTAL	4	9		51,384.21		5709.36	.023		12846.05	
ACCOMMODATIONS	4			7,491.30		832.37	.023		1872.83	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	4	9		7,491.30		832.37	.023		1872.83	
ANCILLARIES	4	9 0 0 9 0		43,892.91		.00	.000		10973.23	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	381	1,333		56,859.81		42.66	3.462		149.24	
MEDICAL	81	122		10,405.31		85.29	.317		128.46	
SURGERY	23	27		2,895.99		107.26	.070		125.10	
PATHOLOGY	89	524		5,704.89		10.89	1.361		64.10	
RADIOLOGY	74	108		16,917.97		156.65	.281		228.62	
ROOM USE	210	261		11,235.78		43.05	.678		53.50	
CROSSOVERS/ALL OTH OUTPTNT	166	291		9,699.87		33.33	.756		58.43	
@COUNTY HOSPITAL TOTAL	25		\$	21,978.25	Ċ	372.51		Ċ	879.13	\$
CO HOSPITAL INPATIENT TOTAL	7	14	Y	18,928.00	Y	1352.00	.036	Y	2704.00	Y
HSC HOSPITALS	7	14		18,928.00		1352.00	.036		2704.00	
NON-HSC HOSPITALS TOTAL	0			.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00			.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
	18	45								
CO HOSP OUTPATIENT TOTAL MEDICAL	18 9	10		3,050.25 745.19		67.78 74.52	.117 .026		169.46 82.80	
MEDICAL SURGERY	1	10		120.23		120.23	.026		120.23	
	0	0		.00					.00	
PATHOLOGY RADIOLOGY		17				.00	.000			
	7 9	17		1,444.35		84.96	.044		206.34	
ROOM USE	9	11		522.46		47.50	.029		58.05	

MOP024 SANTA CRUZ COUNTY

CROSSOVERS/ALL OTH OUTPTNT 4 6 218.02 36.34 .016 54.51 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

SANIA CROZ COUNTI	SUMMAKI OF SEK	VICES FOR CGF 30-	33 3	55 40 42 5A-5M 5F 3	or oc	3W 4C-4G				
								THLY AVERA	GE -	
385 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	COST PER	C	
		OR DAYS OF CARE	3		PER	UNIT/DAY		USER	E	
@COMMUNITY HOSPITAL TOTAL	390	1,402	\$	414,560.77	\$	295.69	3.642	\$ 1062.98	\$	
COMM HOSP INPATIENT TOTAL	35	114		360,751.21		3164.48	.296	10307.18		
HSC HOSPITALS	32	105		309,367.00		2946.35	.273	9667.72		
NON-HSC HOSPITALS TOTAL	4	9		51,384.21		5709.36	.023	12846.05		
ACCOMMODATIONS	4	9		7,491.30		832.37	.023	1872.83		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		
ALL OTHER ACCOM	4	9		7,491.30		832.37	.023	1872.83		
ANCILLARIES	4	0		43,892.91		.00	.000	10973.23		
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	363	1,288		53,809.56		41.78	3.345	148.24		
MEDICAL	72	112		9,660.12		86.25	.291	134.17		
SURGERY	22	26		2,775.76		106.76	.068	126.17		
PATHOLOGY	89	524		5,704.89		10.89	1.361	64.10		
RADIOLOGY	67	91		15,473.62		170.04	.236	230.95		
ROOM USE	201	250		10,713.32		42.85	.649	53.30		
CROSSOVERS/ALL OTH OUTPTNT	162	285		9,481.85		33.27	.740	58.53		
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$	
MENTALLY ILL	0	0		.00		.00	.000	.00		
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$	
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		
LEV B-REHAB MD	0	0		.00		.00	.000	.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		
LEV B-REGULAR	0	0		.00		.00	.000	.00		
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$	

ICF DDH	0	0	.00		.00	.000		.00	
ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	61	691 \$	9,795.46	\$	14.18	1.795	\$	160.58	\$
HOSPITAL BASED	27	66	2,157.95		32.70	.171		79.92	
INDEPENDENT FACILITY	34	625	7,637.51		12.22	1.623		224.63	
@LABORATORY FACILITY	25	74 \$	1,086.73	\$	14.69	.192	\$	43.47	\$
PATHOLOGY	25	74	1,086.73		14.69	.192		43.47	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	5,024	7,269 \$	1,220,656.06	\$	167.93	18.881	\$	242.96	\$
CLINIC	3	6	158.84		26.47	.016		52.95	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	1	15	176.52		11.77	.039		176.52	
RURAL HEALTH CLINIC	5,021	7,248	1,220,320.70		168.37	18.826		243.04	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2005 THRU	DEC	2005	PA

----- MONTHLY AVERAGE -

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 40 42 3A-3M 3P 3R 3U 3W 4C-4G

385 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	C
all amum proutrend	1 550	OR DAYS OF CARE	100 631 30	PER UNIT/DAY		USER	E
@ALL OTHER PROVIDERS	1,772	11,438 \$	120,631.30		29.709 \$		Ş
DURABLE MED. EQUIP.	10	16	5,142.24			514.22	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	3	6	277.17			92.39	
MEDICAL TRANSPORTATION	15	316	•	30.07		633.42	
AMBULANCES/AIR TRANS	14	308	2,786.73			199.05	
OTHER TRANS	0	0	.00	.00		.00	
OTHER SERVICES	8	8	6,714.52	839.32	.021	839.32	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	39	39	4,095.00	105.00	.101	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	468	1,015	8,563.35	8.44	2.636	18.30	
PHYSICAL THERAPIST	1	5	90.94	18.19	.013	90.94	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	3	19	2,355.89	123.99	.049	785.30	
PROSTHETICS	3	19	2,355.89	123.99	.049	785.30	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	16	33	1,629.06	49.37	.086	101.82	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	1,225	9,989	88,976.40	8.91	25.945	72.63	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	754	5,088 \$	633,568.56		13.216 \$		\$
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$		Ė
©+ TOTAL IN THECE I INDE ADD C	בייבואו אכן א כיבודאר	י איים דו איים איים איים איים איים איים איים איי		,			т.

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

SANTA CRUZ COUNTY	SUMMARY OF SERV	VICES FOR CASH GRANT	- TOTAL		MONT	מודע אנודט אכודי
892 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	717ED7CE COCT		HLY AVERAGE - COST PER C
892 EDIGIBLES	OSEKS	UNITS OF SERVICE OR DAYS OF CARE 389,697 \$	EXPENDITORES	PER UNIT/DAY		USER E
@TOTAL ALL DDOWIDEDS	39 219	380 607 ¢	21 161 722 51	\$ 54.30		553.70 \$ 2
@DUVCTCTANC CEDVICEC	1 22/	5 3 4 5 ¢	375 225 95	\$ 70.20	5.992 \$	281.28 \$
OUTDATIENT VICIES	760	940	51 813 87	55.12	1 05/	68.18
OFFICE VICITE	342	300	24 537 49	61.50	.447	71.75
OFFICE VISIIS	342	399	100 40	30.40	.447	91.20
EMEDCENCY DOOM	00	0	7 245 00	90.40	.102	83.47
	3	2	116 00	80.72 58.05	.002	58.05
OD WICITE CARE	1	2	101 44	60.48	.002	181.44
OF VISIIS/ COMPRE PERI	265	420	10 451 27	44.31	.492	53.29
TNDATTENT VICITE	155	972	19,431.37	94.31	.978	533.08
INCEDITAL VISILS	100	0/2	02,020.95	94.70 67.64	.620	292.21
HOSPITAL VISITS	128	204	37,402.43	07.04	.640	
CRITICAL CARE	3 /	304 1E	44,675.02	140.90	.341	1207.43 42.27
SNF/ICF/IRANS IP CARE	13	15	2 226 20	94.76 67.64 146.96 36.63 44.73	.017	
OPHTHALMOLOGICAL SERVICES	39	52	2,326.20	44.73	.058	59.65
EXAMINATIONS	39	52	2,326.20	44.73	.058	59.65
SERVICES AND MATERIALS	100	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	100	651	58,133.04	89.30	.730	581.33
PRINCIPAL SURGEON	63	88	40,659.68	462.04	.099	645.39
ASSISTANT SURGEON	4	5	974.01	194.80	.006	243.50
ANESTHESIOLOGIST	49	558	16,499.35	29.57	.626	336.72
OUTPATIENT SURGERY	136	636	41,881.93	65.85	.713	307.96
PRINCIPAL SURGEON	82	126	23,434.53	.00 89.30 462.04 194.80 29.57 65.85 185.99	.141	285.79
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	64	510	18,447.40	36.17 .00	.572	288.24
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	4.7	214	8,036.11	37.55	.240	170.98
RADIOLOGY	268	541	23,347.75	43.16	.607	87.12 58.56 301.17 193.31
PSYCHIATRY	25	31	1,463.90	47.22	.035	58.56
IMMUNIZATION AND INJECTION	_13	59	3,915.15	66.36	.066	301.17
OTHER SERVICES/ALL X-OVERS	526	1,349	101,681.05	75.38		
@PHARMACY	13,224	91,876 \$	7,557,620.77	\$ 82.26	103.000 \$	
PRESCRIPTION DRUGS	13,034	30,503	7,365,183.17	241.46	34.196	565.07
SNF/ICF	2,586	8,206	1,816,667.83	221.38	9.200	702.50
OUTPATIENTS	10,668	22,297	5,548,515.34	248.85	24.997	520.11
MEDICAL SUPPLIES	486	61,373	192,437.60	3.14	68.804	395.96
@DENTIST	6,016	28,573 \$	885,894.82	\$ 31.00	32.033 \$	
VISITS - DIAGNOSTIC	4,655	19,014	247,382.96	13.01	21.316	53.14
ORAL SURGERY	815	2,126	125,235.45	58.91	2.383	153.66
DRUGS	201	214	4,698.75	21.96	.240	23.38
ANESTHESIA	179	196	16,540.00	84.39		92.40
PERIODONTICS	201	209	22,914.25	109.64	.234	114.00
ENDODONTICS	399	812	110,311.86	135.85	.910	276.47
RESTORATIVE DENTISTRY	1,584	4,651	245,227.85	52.73	5.214	154.82
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS ENDODONTICS ENTORTHE SITE POSTHETICS DENTURES. STAYPLATES	47	53 784	1,539.50	21.96 84.39 109.64 135.85 52.73 29.05 115.85	.059	32.76
DENTURES, STAYPLATES	271	784	,	115.85 125.03	.879	335.16
SPACE MAINTAINERS	32	38		123.03		148.47
MAXILLOFACIAL SERVICES	10	11	3,947.50	358.86	.012	394.75
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	0	784 38 11 0	.00	.00	.000	.00

ORTHODONTIC SERVICES

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FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CASH GRANT - TOTAL SANTA CRUZ COUNTY

SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR CASH GR	ANT ·	- TOTAL			340		
							MC		
892 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST	,		
	54 28 34 8	OR DAYS OF CARE				R UNIT/DAY		USER	E
@OPTOMETRIST	54	138	\$	2,852.60	\$	20.67	.155		
DIAGNOSTIC AND ANC. PROCED	28	36		791.39		21.98	.040	28.2	
EYE APPLIANCES	34	92		1,697.28		18.45	.103	49.9	
OTHER OPTOMETRIC SERVICES	8	10		363.93		36.39	.011	45.4	9
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.0	0 \$
VISITS	0 0 0 8 1 0 0 7 84	0		.00		.00	.000	.0	
OTHER SERVICES	0	0		.00		.00	.000	.0	
@PODIATRIST	8	11	\$	165.54	\$	15.05	.012		
MEDICINE/INJECTIONS	1	1		57.20		57.20	.001	57.2	0
SURGERY/ANES.	0	0		.00		.00	.000	.0	0
RADIO./PATHOLOGY	0	0		.00		.00	.000	.0	0
OTHER	7	10		108.34		10.83	.011	15.4	8
@HOME HEALTH AGENCY	84	3,623	Ś	149,058.23	Ś	41.14		\$ 1774.5	0 \$
NURSE ANESTHESIST	0	0	\$.00	Š	.00		\$.0	
NURSE MIDWIFE	0	0	Š	.00	Š	.00	.000	\$.0	
PEDIATRIC NURSE PRACTITIONER	0	0	\$ \$ \$.00	Š	.00	.000	\$.0	
FAMILY NURSE PRACTITIONER	0	0	Š	.00	Š	.00	.000		
@TOTAL HOSPITAL	1 367	7,125	\$	1,812,141.94	Š	254.34		\$ 1325.6	
HOSP INPATIENT TOTAL	240	687	۲	1,553,711.50	Y	2261.59	.770	6473.8	
	0 0 1,367 240 117	660		1,312,078.00		1988.00	.740	11214.3	
MON_UCC HOSPITALS	12	27		123,185.34		4562.42	.030	10265.4	
HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	12	27		21,475.10		795.37	.030	1789.5	
ACCOMMODALIONS ADMINICUDATIONS	12	0		.00		.00	.000	.0	
TO NICITIONAL TO CARE	0	0		.00		.00	.000	.0	
ALL OFFICE ACCOM	1.2	27		21,475.10		.00 795.37			
ALL OTHER ACCOM	12	0				.00	.030	1789.5	
ANCILLARIES	110	0		101,710.24			.000	8475.8	
INPATIENT CROSSOVERS	112			118,448.16		.00	.000	1057.5	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.0	
HOSP OUTPATIENT TOTAL	1,181	6,438		258,430.44		40.14	7.217	218.8	
MEDICAL	295	800		73,158.64		91.45	.897	248.0	
SURGERY	78	96		7,926.59		82.57	.108	101.6	
PATHOLOGY	319	2,391		25,731.36		10.76	2.680	80.6	
RADIOLOGI	225	329		57,173.35		173.78	.369	254.1	
ROOM USE	638	863		36,143.61		41.88	.967	56.6	
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL	440	1,959		58,296.89		29.76	2.196	132.4	
@COUNTY HOSPITAL TOTAL	77	325	\$	216,176.67	\$	665.16		\$ 2807.4	
CO HOSPITAL INPATIENT TOTAL	22	155		208,655.64		1346.17	.174	9484.3	
HSC HOSPITALS	22 19 1	152		205,352.00		1351.00	.170	10808.0	0
NON-HSC HOSPITALS TOTAL	1	3		2,149.45		716.48	.003	2149.4	5
ACCOMMODATIONS	1	3		693.90		231.30	.003	693.9	0
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.0	0
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0	0
ALL OTHER ACCOM	1	3		693.90		231.30	.003	693.9	0
ANCILLARIES	1	0		1,455.55		.00	.000	1455.5	5
INPATIENT CROSSOVERS	2	0		1,154.19		.00	.000	577.1	0
ALL OTHER INPATIENT	0	0		.00		.00	.000	.0	0
CO HOSP OUTPATIENT TOTAL	57	170		7,521.03		44.24	.191	131.9	5
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MEDICAL	35	47	2,715.27	57.77	.053	77.58
SURGERY	3	4	387.41	96.85	.004	129.14
PATHOLOGY	7	34	410.39	12.07	.038	58.63
RADIOLOGY	12	26	2,178.70	83.80	.029	181.56
ROOM USE	20	27	884.28	32.75	.030	44.21
CROSSOVERS/ALL OTH OUTPTNT	17	32	944.98	29.53	.036	55.59
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

SANTA CRUZ COUNTY	SUMMARY OF SER	VICES FOR CASH G	RANT -	TOTAL				
						MON	THLY AVERA	4GE −
892 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CAR	E		PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	1,297	6,800	\$	1,595,965.27	\$ 234.70	7.623 \$	1230.51	\$
COMM HOSP INPATIENT TOTAL	219	532		1,345,055.86	2528.30	.596	6141.81	
HSC HOSPITALS	0.0	508		1,106,726.00	2178.59	.570	11179.05	
NON-HSC HOSPITALS TOTAL	11	24		121,035.89	5043.16	.027	11003.26	
ACCOMMODATIONS	11	24		20,781.20	865.88	.027	1889.20	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	11	24		20,781.20	865.88	.027	1889.20	
ANCILLARIES	11	0		100,254.69	.00	.000	9114.06	
INPATIENT CROSSOVERS	110	0		117,293.97	.00	.000	1066.31	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
	1,128	6,268		250,909.41	40.03	7.027	222.44	
MEDICAL	262	753		70,443.37	93.55	.844	268.87	
SURGERY	75	92		7,539.18	81.95	.103	100.52	
PATHOLOGY	312	2,357		25,320.97	10.74	2.642	81.16	
RADIOLOGY	213	303		54,994.65	181.50	.340	258.19	
ROOM USE	618	836		35,259.33	42.18	.937	57.05	
CROSSOVERS/ALL OTH OUTPTNT		1,927		57,351.91	29.76	2.160	135.58	
@STATE HOSPITAL	0	1,32,	\$.00	\$.00	.000 \$		\$
MENTALLY ILL	0	0	۲	.00	.00	.000	.00	۲
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	42	1,126	\$	168,645.31		1.262 \$		\$
LEV A-INTERMEDIATE	1	30	۲	2,686.20	89.54	.034	2686.20	۲
LEV B-REHAB MD	23	742		113,532.88	153.01	.832	4936.21	
LEV B-SUBACUTE FREESTANDING		0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	18	354		52,426.23	148.10	.397	2912.57	
@INTERMEDIATE CARE FACILDD	10	290	\$	47,400.50	\$ 163.45		4740.05	\$
ICF DDH	10	290	۲	47,400.50	163.45	.325	4740.05	Y
ICF DD	0	250		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$		\$
HOSPITAL BASED	0	0	ų	.00	.00	.000 \$.00	Ą
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	
@REHABILITATION FACILITY	390	5,649	\$	75,211.88	\$ 13.31	6.333 \$		\$
HOSPITAL BASED	89	313	Ą	8,703.74	27.81	.351	97.79	Ą
INDEPENDENT FACILITY	302	5,336		66,508.14	12.46	5.982	220.23	
@LABORATORY FACILITY	68	260	بع	3,100.79	\$ 11.93	.291 \$		\$
PATHOLOGY	67	259	Ą	3,100.79	11.93	.291 \$	46.01	Ą
	67	259						
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	16,423	41,906	\$	18.10	18.10 \$ 201.87	.001	18.10	بع
	16,423	41,906	Þ	8,459,546.47	\$ 201.87 36.63	46.980 \$.047	515.10 102.56	\$
CLINIC	15	42		1,538.39	36.63	.04/	102.56	

SURGICENTER	1	1	82.42	82.42	.001	82.42
HEROIN DETOX CLINIC	2	26	315.88	12.15	.029	157.94
RURAL HEALTH CLINIC	16,407	41,837	8,457,609.78	202.16	46.902	515.49
#CALTE DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITIRES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU D	EC 2005

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MOP024 FEE-FOR-SERVICE/DENTAL SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR CASH GRANT - TOTAL

					MON'	דעד.ע אוודסא	CF -
892 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	011
092 EHIGIBHES	OBERB	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY	,	USER	F.
@ALL OTHER PROVIDERS	5,610	203,775 \$	1,624,868.71		228.447 \$		_
DURABLE MED. EQUIP.	167	770	149,699.18	194.41		896.40	۲
BLOOD BANK	0	, , , 0	.00	.00	.000	.00	
HEARING AID DISPENSERS	Q	13	2,101.54			262.69	
MEDICAL TRANSPORTATION	63	1,637	27,421.68			435.26	
AMBULANCES/AIR TRANS	62	•	16,258.36	10.06		262.23	
OTHER TRANS	0	1,616 0	.00	.00		.00	
OTHER SERVICES	21	21			.000 .024	531.59	
ACUPUNCTURE	21	4	11,163.32	531.59 14.78	.024	29.55	
	9	59	59.10				
ADULT DAY HEALTH CARE CTR	_		4,126.10	69.93	.066	458.46	
GENETIC DISEASE TESTING	44	44	4,620.00			105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	1,236	18,046	873,293.80	48.39	20.231	706.55	
OCCUPATIONAL THERAPIST	7	86	1,025.21		.096	146.46	
OPTICIAN	1,900	4,459	44,504.61			23.42	
PHYSICAL THERAPIST	2	14	237.98			118.99	
PORTABLE X-RAY	2	4	61.28	15.32	.004	30.64	
PROSTHETIST/ORTHOTISTS	19	86	13,765.14			724.48	
PROSTHETICS	19	86	13,765.14	160.06	.096	724.48	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	35	81	3,636.27	44.89	.091	103.89	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	1,977	40,396	258,559.38	6.40	45.287	130.78	
EPSDT SUPPLEMENTAL SERVICE	14	5,872	155,645.29	26.51	6.583	11117.52	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	

ALL OTHER PROVIDERS	266	132,204	86,112.15	.65	148.211	323.73	
@CALIF. CHILDREN SERVICES*	2,825	184,561	\$ 3,436,702.51	\$ 18.62	206.907	\$ 1216.53	\$
@XOVER EXCLUDING STATE HOSP**	243	350	\$ 130,411.51	\$ 372.60	.392	\$ 536.67	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69 ---- MONTHLY AVERAGE -UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER CORDAYS OF CARE PER UNIT/DAY PER ELIG USER F 38 ELIGIBLES USERS 793 164 86 66 2,971 \$ 1,088,678.11 1,146 \$ 131.750.58 @TOTAL, ALL PROVIDERS \$ 366.43 78.184 \$ 1372.86 30.158 \$ 803.36 @PHYSICIANS SERVICES 114.97 1,750.36 \$ 114.97 \$0.136 \$
6,981.88 65.87 2.789
5,663.14 69.06 2.158
 .00 .00 .000
394.71 98.68 .105
 .00 .00 .000
 .00 .000 6,981.88 81.18 OUTPATIENT VISITS OFFICE VISITS 5,663.14 85.81 HOME VISITS
EMERGENCY ROOM
PREVENTIVE CARE
OB VISITS/COMPRE PERI .00 131.57 .00 .00 .00 .000 .000 924.03 46.20 .526 51.34 67,826.97 157.37 11.342 1739.15 5,676.52 66.78 2.237 218.33 62,150.45 179.63 9.105 2390.40 .00 .000 .000 OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE .000 OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON .00 .00 . 000 ASSISTANT SURGEON . 00 .079 ANESTHESIOLOGIST 60.80 182.41 182.41 DIALYSIS .00 .00 .000 .00 194.75 48.69 .105 4,941.76 33.85 3.842 PATHOLOGY 64.92 RADTOLOGY 120.53 .00 .00 .000 89.28 7.526 315.22 36.65 2.053 \$ 136.13 111.96 .947 223.93 .000 .00 .00 PSYCHIATRY .00 IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY 2,858.68 \$ 36.65 PRESCRIPTION DRUGS 4.030.67 .00 SNF/ICF 0 36 42 4 111.96 OUTPATIENTS 18 4,030.67 MEDICAL SUPPLIES 6 27.90CR 1.105 1,171.99CR 195.33CR 120.00 \$ 30.00 .105 \$ @DENTIST 60.00 VISITS - DIAGNOSTIC 120.00 30.00 .105 60.00 .00 ORAL SURGERY .00 .000 .00 .00 .00 .00 .00 .00 .00 DRUGS .000 .00 .000 .00 ANESTHESIA .000 PERIODONTICS .00 .000 ENDODONTICS .00 RESTORATIVE DENTISTRY .00 .000 .00

PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 2	005 THRU DEC	C 2005
MOP024	FEE-FOR-SERVICE/DENTA	L				
SANTA CRUZ COUNTY	SUMMARY OF SERVICES F	OR 185% PROGRAM	- INFANTS AID	CODES 47	59	

	MONTHLY A				HLY AVERA	GE -	-			
38 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	(C
		OR DAYS OF CARE		PEF	UNIT/DAY	PER ELIG		USER	I	E
@OPTOMETRIST	0	0 \$.00	\$.00	.000	\$.00	\$	
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		
EYE APPLIANCES	0	0	.00		.00	.000		.00		
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	\$.00	\$	
VISITS	0	0	.00		.00	.000		.00		
OTHER SERVICES	0	0	.00		.00	.000		.00		
@PODIATRIST	0	0 \$.00	\$.00	.000	\$.00	\$	
MEDICINE/INJECTIONS	0	0	.00		.00	.000	•	.00	•	
SURGERY/ANES.	0	0	.00		.00	.000		.00		
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		
OTHER	0	0	.00		.00	.000		.00		
@HOME HEALTH AGENCY	5	16 \$	1,153.03	Ġ	72.06	.421	\$	230.61	\$	
NURSE ANESTHESIST	0	0 \$.00	Š	.00	.000	\$.00	\$	
NURSE MIDWIFE	0	0 \$.00	Š	.00	.000	Š	.00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	Š	.00	.000	Š	.00	\$	
FAMILY NURSE PRACTITIONER	0	0 \$.00	Š	.00	.000	Š	.00	\$	
@TOTAL HOSPITAL	101	490 \$	846,340.03	Š	1727.22	12.895	Š	8379.60	\$ 2	2
HOSP INPATIENT TOTAL	35	307	839,973.38	т	2736.07	8.079	т	23999.24		2
HSC HOSPITALS	33	294	818,117.00		2782.71	7.737		24791.42		2
NON-HSC HOSPITAL TOTAL	3	13	21,856.38		1681.26	.342		7285.46	-	_
ACCOMMODATIONS	3	13	8,827.92		679.07	.342		2942.64		
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		
ALL OTHER ACCOM	3	13	8,827.92		679.07	.342		2942.64		
ANCILLARIES	3	0	13,028.46		.00	.000		4342.82		
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		
HOSP OUTPATIENT TOTAL	72	183	6,366.65		34.79	4.816		88.43		
MEDICAL	23	32	1,291.52		40.36	.842		56.15		
SURGERY	1	1	98.89		98.89	.026		98.89		
PATHOLOGY	15	60	1,079.47		17.99	1.579		71.96		
RADIOLOGY	5	5	452.55		90.51	.132		90.51		
ROOM USE	37	49			38.69	1.289		51.24		
CROSSOVERS/ALL OTH OUTPTNT	18	36	1,895.87		43.01	.947		86.02		
@COUNTY HOSPITAL TOTAL	2	6 \$	1,548.35 337.13	\$	56.19	.158	Ś	168.57	ċ,	
CO HOSPITAL INPATIENT TOTAL	0	0 0	.00	Ą	.00	.000	Ą	.00	\$	
HSC HOSPITALS	0	0	.00		.00			.00		
	0	0				.000				
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0	0	.00		.00	.000		.00		
	0	0								
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		
TRANSITIONAL IP CARE	U	U	.00		.00	.000		.00		

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	2	6		337.13	56.19	.158	168.57	
MEDICAL	1	2		194.11	97.06	.053	194.11	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	1	1		58.47	58.47	.026	58.47	
CROSSOVERS/ALL OTH OUTPTNT		3		84.55	28.18	.079	42.28	
#CALIF DEPT OF HEALTH SERV			DES MONT					PΔ
MOP024	FEE-FOR-SERVICE	:/DENTAL				2005 IIIKO I	DEC 2005	F.F.
SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR 185% P	ROGRAM -	- INFANTS	AID CODES 47			. ~-
			_				ONTHLY AVERA	
38 ELIGIBLES	USERS 99 35 33	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST PER UNIT/DAY		USER	C E
@COMMUNITY HOSPITAL TOTAL	99	484	\$	846,002.90	\$ 1747.94		\$ 8545.48	\$ 2
COMM HOSP INPATIENT TOTAL	35	307	·	839,973.38	2736.07	8.079	23999.24	. 2
HSC HOSPITALS	33	294		818,117.00	2782.71	7.737	24791.42	2
NON-HSC HOSPITALS TOTAL	3	13 13		21,856.38	1681.26 679.07	.342	7285.46	
ACCOMMODATIONS	3	13		8,827.92	679.07	.342	2942.64	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	3	13		8,827.92	679.07	.342	2942.64	
ANCILLARIES	3	0		13,028.46	.00	.000	4342.82	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	13 13 0 0 13 0 0 0 177 30		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	70	177		6,029.52		4.658	86.14	
MEDICAL	22	30		1,097.41	36.58	.789	49.88	
SURGERY	1	1		98.89	98.89	.026	98.89	
PATHOLOGY	15	60		1,079.47	17.99	1.579	71.96	
RADIOLOGY	5	5		452.55	90.51	.132	90.51	
ROOM USE	36	48		1,837.40	38.28	1.263	51.04	
CROSSOVERS/ALL OTH OUTPTNT	16	33		1,463.80	44.36	.868	91.49	
@STATE HOSPITAL	0	0	\$.00		.000		\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$
LEV A-INTERMEDIATE	0	0	·	.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING		0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000		\$
ICF DDH	0	0	•	.00	.00	.000	.00	•
TOP DD	0	0		0.0	0.0	000	0.0	

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6.132 \$

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.00 133.37 \$

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20.61

23.05

15.37

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.00

.00

.00

.00

4,801.39 3,664.21 1,137.18

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

ICF DD

@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$		5
PATHOLOGY	0	0	.00	.00	.000	.00	
XO AND OTHERS	0	0	.00			.00	
@ORGANIZED OUTPATIENT CLINIC	534 0	778 \$ 0	99,944.68				•
CLINIC SURGICENTER	0	0	.00	.00		.00	
TIPPOTAL PEROM OF TAILO	0	2	0.0	0.0	0.00	0.0	
HEROIN DEIOX CLINIC	T 2.4	770	.00	.00	.000	.00	
HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	534 MEDI GAI GERMI		99,944.68	128.46	20.474	187.16	D.7
			MONTH-OF-PAYMENT RE	PORT FOR JA	N 2005 THRU DE	2005	P₽
MOP024	FEE-FOR-SERVIC	VICES FOR 185% PROGF		7 TD G0DHG	47 60		
SANTA CRUZ COUNTY	SUMMARY OF SER	VICES FOR 185% PROGR	RAM - INFANTS	AID CODES		THLY AVERAGE	,
38 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	VALDVGE CU			. C
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE		OD DAVE OF CADE	EXPENDITORES		AY PER ELIG	USER	E
ANII OTUED DDONIDEDC	1.2	226 \$ 5 0 0 212 211 0 1 0 0 0 3	1,709.72				_
DIIDADI E MED ECIITO	13	5 5				67.37	•
DICOD DINK	0	0	134.74 .00	.00			
DEVOLUCIALLO DICUENCEDO	0	0	.00				
MEDICAL TRANCPORTATION	0	212	1,316.43	.00	.000 5.579	219.41	
MEDICAL IRANSPORTATION	6	212	1,316.43	6.41	5.553	219.41	
AMBULANCES/AIR IRANS	0	0					
OTHER TRANS	0	1	.00				
VIHER SERVICES	1	0	9.88				
ACUPUNCTURE ADULT DAY HEALTH CARE CTR	0	0	.00	.00		.00	
~~~~~~	0	0	.00	.00		.00	
GENETIC DISEASE TESTING	0	0	.00	.00			
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00		.00	
OCCUPATIONAL THERAPIST	Ι	3	68.92	22.97			
OPTICIAN	0	U	.00	.00		.00	
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	0	0	.00	.00		.00	
PORTABLE X-RAY	0	0	.00	.00		.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00		.00	
PROSIDELLOS	0	0	.00	.00		.00	
ORTHOTICS	0	0	.00	.00		.00	
PSYCHOLOGIST	0	0	.00	.00		.00	
SPEECH AND AUDIOLOGY	2	4	170.49	42.62			
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00		.00	
LOCAL EDUCATION AGENCIES	2	2	19.14	9.57		9.57	
EPSDT SUPPLEMENTAL SERVICE			.00	.00		.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00			.00	
@CALIF. CHILDREN SERVICES*		2,336 \$	987,934.23	\$ 422.92			2
@XOVER EXCLUDING STATE HOSP**		0 \$	.00	\$ .00	.000 \$	.00 \$	5
@* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN							
** THESE DATA ARE INCLUDED I							
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES		ZPORT FOR TA	V 2005 THRII DE	C 2005	PÆ
The state of the s	FEE-FOR-SERVIC			J	2005 IIIIO DE	2 2003	
SANTA CRUZ COUNTY		VICES FOR 185% PROGE	RAM - PREGNANT AT	ID CODES 44	48 49		
SINVIII CROZ COCIVII	Bornanci di Beli	1000 1010 1000 111001		ID CODED II		THLY AVERAGE	7 -
6,417 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE CO	ST UNITS/DAYS		C
-,		OR DAYS OF CARE			AY PER ELIG	USER	Ē
@TOTAL, ALL PROVIDERS	6,321	37,166 \$	5,914,377.56	\$ 159.13	5.792 \$		
@PHYSICIANS SERVICES	3,325	9,432 \$	822,795.30	\$ 87.23	1.470 \$		
<del> </del>	-,-=3	-, T	= ,	,	<b>T</b>	+	

OUTPATIENT VISITS	1,369	2,481		172,447.84		69.51	.387		125.97	
OFFICE VISITS	280	310		14,346.25		46.28	.048		51.24	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	220	247		17,097.56		69.22	.038		77.72	
PREVENTIVE CARE	5	5		205.37		41.07	.001		41.07	
OB VISITS/COMPRE PERI	1,006	1,913		140,577.47		73.49	.298		139.74	
OTHER OUTPATIENT	6	6		221.19		36.87	.001		36.87	
INPATIENT VISITS	557	1,371		93,751.83		68.38	.214		168.32	
HOSPITAL VISITS	511	969		41,615.75		42.95	.151		81.44	
CRITICAL CARE	82	402		52,136.08		129.69	.063		635.81	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	781	1,885		402,824.31		213.70	.294		515.78	
PRINCIPAL SURGEON	514	560		326,553.53		583.13	.087		635.32	
ASSISTANT SURGEON	124	124		22,053.50		177.85	.019		177.85	
ANESTHESIOLOGIST	230	1,201		54,217.28		45.14	.187		235.73	
OUTPATIENT SURGERY	304	525		28,226.45		53.76	.082		92.85	
PRINCIPAL SURGEON	280	423		24,058.13		56.88	.066		85.92	
ASSISTANT SURGEON	2	2		373.00		186.50	.000		186.50	
ANESTHESIOLOGIST	37	100		3,795.32		37.95	.016		102.58	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	485	955		11,905.00		12.47	.149		24.55	
RADIOLOGY	1,339	1,646		86,410.03		52.50	.257		64.53	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	68	122		2,916.04		23.90	.019		42.88	
OTHER SERVICES/ALL X-OVERS	348	447		24,313.80		54.39	.070		69.87	
@PHARMACY	1,499	3,096	\$	76,873.13	\$	24.83	.482	\$	51.28	\$
PRESCRIPTION DRUGS	1,433	2,819		56,117.14		19.91	.439		39.16	
SNF/ICF	0	0		.00		.00	.000		.00	
OUTPATIENTS	1,433	2,819		56,117.14		19.91	.439		39.16	
MEDICAL SUPPLIES	138	277		20,755.99		74.93	.043		150.41	
@DENTIST	11	32	\$	302.00	\$	9.44	.005	\$	27.45	\$
VISITS - DIAGNOSTIC	11	30	•	217.00	•	7.23	.005	•	19.73	•
ORAL SURGERY	1	1		85.00		85.00	.000		85.00	

DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	1	1	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA		MONTH-OF-PAYMENT REPORT	FOR JAN 2	2005 THRU DEC	2005

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

SANTA CRUZ COUNTY	SUMMARY OF SER	VICES FOR 185% PR	.UGRA	M - PREGNANT A	ט עד	ODES 44 48		~ » тгт	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C.E.
6 44 F FI TGTPI FG	110000	IDITES OF SERVITOR					MO			
6,417 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S	COST PER	C
		OR DAYS OF CARE				R UNIT/DAY			USER	Ε
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	Ş	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00	
EYE APPLIANCES	0	0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	98	132	\$	6,984.04	\$	52.91	.021	\$	71.27	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	51	975	\$	18,509.44	\$	18.98	.152	\$	362.93	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	1,871	9,055	\$	4,112,762.32	\$	454.20	1.411	\$	2198.16	\$
HOSP INPATIENT TOTAL	656	2,875		3,956,778.60		1376.27	.448		6031.67	
HSC HOSPITALS	174	513		1,000,908.27		1951.09	.080		5752.35	
NON-HSC HOSPITAL TOTAL	483	2,362		2,955,870.33		1251.43	.368		6119.81	
ACCOMMODATIONS	483	2,362		1,021,374.71		432.42	.368		2114.65	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	483	2,362		1,021,374.71		432.42	.368		2114.65	
ANCILLARIES	483	0		1,934,495.62		.00	.000		4005.17	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	1,552	6,180		155,983.72		25.24	.963		100.50	
MEDICAL	58	69		2,565.70		37.18	.011		44.24	
SURGERY	184	224		7,574.92		33.82	.035		41.17	
PATHOLOGY	735	2,098		24,063.82		11.47	.327		32.74	
RADIOLOGY	400	466		32,194.54		69.09	.073		80.49	
ROOM USE	550	797		35,209.20		44.18	.124		64.02	
CROSSOVERS/ALL OTH OUTPTNT		2,526		54,375.54		21.53	.394		71.93	
@COUNTY HOSPITAL TOTAL	23	142	\$	27,701.87	\$	195.08	.022	\$	1204.43	\$
CO HOSPITAL INPATIENT TOTAL	6	20	•	22,700.10		1135.01	.003		3783.35	•

HSC HOSPITALS	6	20	22,700.10	1135.01	.003	3783.35	
			.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	0	0	.00	0.0	0.00	.00	
ADMINISTRATIVE DAVS	0	0	.00	.00	.000	.00	
TRANSITTIONAL TO CARE	0	0	.00	00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCTITABLEC	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.000		
INPATIENT CROSSOVERS	U	0	.00	.00 .00 41.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00 5,001.77	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	23	122		41.00	.019	217.47	
MEDICAL	4	5	117.05	23.41 21.24	.001		
SURGERY	3	8	169.94	21.24	.001	56.65	
PATHOLOGY	12	31	465.05 135.29	15.00 135.29	.005	38.75	
RADIOLOGY	1	1	135.29	135.29	.000	135.29	
ROOM USE	15	33	1,236.54	37.47	.005	82.44	
CROSSOVERS/ALL OTH OUTPTNT	17	44	2,877.90	65.41	.007	169.29	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MON		PORT FOR JAN 2	005 THRU DEC		PA:
	FEE-FOR-SERVIC						
SANTA CRUZ COUNTY		VICES FOR 185% PROGRAM	- PREGNANT AT	D CODES 44 48	49		
2111111 01102 0001111		1010 1011 1000 1110011111	1112011111	.5 00525 11 10	MONTH	LY AVERA	GE -
6,417 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			C
O, TI / EDICIDEED	овыко	OR DAYS OF CARE	EXTENDITORES	PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	1 0/10	8,913 \$	4,085,060.45	¢ 150 22	1 200 Ċ		_
COMM HOSP INPATIENT TOTAL	1,848	2,855	3,934,078.50 978,208.17 2,955,870.33 1,021,374.71	ې 450.55 1277 مد	1.309 Å	6052.43	ې
	650 168	2,055	3,934,076.50	1004 00	.445		
HSC HOSPITALS	168	493	9/8,208.17	1984.20	.077	5822.67	
NON-HSC HOSPITALS TOTAL	483	2,362	2,955,870.33	1251.43	.368 .368	6119.81	
ACCOMMODATIONS	483	2,362	1,021,374.71	432.42	.368	2114.65	
ADMINISTRATIVE DAYS	0	0	.00	.00 .00 432.42 .00 .00	.000		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	483	2,362	1,021,374.71	432.42	.368	2114.65	
ANCILLARIES	483	0	1,934,495.62	.00	.000	4005.17	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0 1,529	0 6,058	.00	.00 24.92	.000	.00	
COMM HOSP OUTPATIENT TOTAL	1,529	6,058	.00 150,981.95	24.92	.000 .944	98.75	
MEDICAL	, 54	64	2,448.65	38.26 34.28	.010	45.35	
SURGERY	181	216	7,404.98	34.28	.034	40.91	
PATHOLOGY	1,529 54 181 723 399	2,067	23,598.77	11.42	.010 .034 .322 .072	32.64	
RADIOLOGY	399	465	32,059.25	68.94	072	80.35	
ROOM USE	535	764	33,972.66	44.47	110	63.50	
	720	2,482	51,497.64		.387	69.69	
CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL	739	2,482 0 \$					Ċ.
@STATE HOSPITAL	0	0 \$	.00		.000 \$	.00	\$
MENTALLY ILL	U	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0 0 0 0 0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0 \$	.00	•	.000 \$	.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
T DI D GIIDAGIME EDEEGMANDING	0	0	0.0	0.0	0.00	0.0	

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LEV B-SUBACUTE FREESTANDING

LEV B-SUBACUTE HSPTL BASED

LEV B-TRANSITIONAL IP CARE

@INTERMEDIATE CARE FACIL.-DD

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

ICF DDH

ICF DD

HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	1,680	5,173 \$	60,362.94	\$	11.67	.806	\$	35.93	\$
PATHOLOGY	1,679	5,172	60,315.74		11.66	.806		35.92	
XO AND OTHERS	1	1	47.20		47.20	.000		47.20	
@ORGANIZED OUTPATIENT CLINIC	1,750	8,644 \$	786,598.10	\$	91.00	1.347	\$	449.48	\$
CLINIC	585	3,161	80,826.48		25.57	.493		138.16	
SURGICENTER	1	1	70.00		70.00	.000		70.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	1,171	5,482	705,701.62		128.73	.854		602.65	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2005 THRU	DEC	2005	PΔ

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

DANIA CROZ COUNTI	DOMINANCE OF DERIVE	TO TOK TOO TROOKAN	INDUMINI	D CODIO 44 40	ュノ		
					MON'	THLY AVERAG	E -
6,417 ELIGIBLES	USERS (	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	269	627 \$	29,190.29	\$ 46.56	.098 \$	108.51	\$
DURABLE MED. EQUIP.	1	30	142.50	4.75	.005	142.50	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	24	353	3,451.79	9.78	.055	143.82	
AMBULANCES/AIR TRANS	24	348	3,406.34	9.79	.054	141.93	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	5	5 0	45.45	9.09	.001	9.09	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	244	244	25,596.00	104.90	.038	104.90	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	27	275 \$	150,945.48	\$ 548.89	.043 \$	5590.57	\$
@XOVER EXCLUDING STATE HOSP**	3	6 \$	249.67	\$ 41.61	.001 \$	83.22	\$
@* TOTALS IN THESE LINES ARE	TIVEN AS A SEPARAT	TE THEORMATION TIEM ON	IT.V •				

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MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

						MON	יים אוויים א	CF -
119 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			C
II) HHIGIDHH	ОБЦКБ	OR DAYS OF CARE		HILL HIND I TOKED	PER UNIT/DAY	,	USER	F
@TOTAL, ALL PROVIDERS	105		\$	37,738.68	\$ 123.73	2.563 \$		\$
@PHYSICIANS SERVICES	48		\$	5,451.13	\$ 43.61	1.050 \$		\$
OUTPATIENT VISITS	33	35	Υ	1,625.56	46.44	.294	49.26	۲
OFFICE VISITS	12	13		367.24	28.25	.109	30.60	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	6	6		290.64	48.44	.050	48.44	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	16	16		967.68	60.48	.134	60.48	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	6	20		1,786.63	89.33	.168	297.77	
HOSPITAL VISITS	6	11		633.79	57.62	.092	105.63	
CRITICAL CARE	1	9		1,152.84	128.09	.076	1152.84	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
	0	0						
ANESTHESIOLOGIST OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	
	6	7		278.99 278.99	39.86 39.86	.059	46.50	
PRINCIPAL SURGEON	0					.059	46.50	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	8	_		.00	.00	.000	.00	
PATHOLOGY	2	40		90.69	2.27	.336	11.34	
RADIOLOGY	0	5 0		172.88	34.58	.042	86.44	
PSYCHIATRY	-			.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	2	2		115.52	57.76	.017	57.76	
OTHER SERVICES/ALL X-OVERS	6	16		1,380.86	86.30	.134	230.14	
@PHARMACY	23		\$	1,112.81	\$ 32.73	.286 \$		\$
PRESCRIPTION DRUGS	23	32		898.07	28.06	.269	39.05	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	23	32		898.07	28.06	.269	39.05	
MEDICAL SUPPLIES	1	2		214.74	107.37	.017	214.74	
@DENTIST	0		\$	.00	\$ .00	.000 \$		\$
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
(1011011/11/11/11/11/11/11/11/11/11/11/11	()	()		0.0	$\alpha$	()()()	0.0	

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

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ORTHODONTIC SERVICES

ALL OTHER SERVICES

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SANTA CROZ COUNTT	SUMMAKI OF SEKV	ICES FOR 00-DAI	FODI	FARTON FROGRAM		AID CODE	70	 	
								THLY AVERA	
119 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST	,	COST PER	C
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG	USER	E
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00	
EYE APPLIANCES	0	0		.00		.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .00	\$
VISITS	0	0		.00		.00	.000	.00	
OTHER SERVICES	0	0		.00		.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	
SURGERY/ANES.	0	0		.00		.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	
OTHER	0	0		.00		.00	.000	.00	
@HOME HEALTH AGENCY	5	5	\$	240.11	\$	48.02	.042	\$ 48.02	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$
NURSE MIDWIFE	1	6	\$	102.53	\$	17.09	.050	\$ 102.53	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$
@TOTAL HOSPITAL	15	59	\$	27,265.55	\$	462.13	.496	\$ 1817.70	\$
HOSP INPATIENT TOTAL	2	20		26,732.00		1336.60	.168	13366.00	
HSC HOSPITALS	2	20		26,732.00		1336.60	.168	13366.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	
ACCOMMODATIONS	0	0		.00		.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	
ANCILLARIES	0	0		.00		.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	
HOSP OUTPATIENT TOTAL	13	39		533.55		13.68	.328	41.04	
MEDICAL	0	0		.00		.00	.000	.00	
SURGERY	0	0		.00		.00	.000	.00	
PATHOLOGY	5	10		90.33		9.03	.084	18.07	

RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	4	5	170.50	34.10	.042	42.63	
CROSSOVERS/ALL OTH OUTPTNT	10	24	272.72	11.36	.202	27.27	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN	2005 THRU I	DEC 2005	PΑ
MOP024	FEE-FOR-SERVICE/DENTA	L					

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SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

SANTA CRUZ COUNTY

----- MONTHLY AVERAGE 119 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG **USER** @COMMUNITY HOSPITAL TOTAL 59 27,265.55 462.13 .496 \$ 1817.70 \$ 15 COMM HOSP INPATIENT TOTAL 2 20 26,732.00 1336.60 .168 13366.00 1336.60 HSC HOSPITALS 20 26,732.00 .168 13366.00 NON-HSC HOSPITALS TOTAL .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE Ω .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 ANCILLARIES .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 13 39 533.55 13.68 .328 41.04 MEDICAL .00 .00 .000 .00 SURGERY 0 .00 .00 .000 .00 PATHOLOGY 10 90.33 9.03 .084 18.07 RADIOLOGY 0 .00 .00 .000 .00 5 ROOM USE 170.50 34.10 .042 42.63 272.72 11.36 .202 27.27 CROSSOVERS/ALL OTH OUTPTNT 24 .00 @STATE HOSPITAL 0 .00 .00 .000 .000 MENTALLY ILL .00 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 @NURSING FACILITY 0 \$ .00 .000 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .000 LEV B-REHAB MD 0 .00 .00 .00 .00 .000 .00 LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED 0 .00 .00 .000 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 LEV B-REGULAR .00 .00 .000 .00

@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	.00		.00	.000		.00	
ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$ .00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	16	23	\$ 480.97	\$	20.91	.193	\$	30.06	\$
PATHOLOGY	16	23	480.97		20.91	.193		30.06	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	18	53	\$ 3,085.58	\$	58.22	.445	\$	171.42	\$
CLINIC	7	35	727.37		20.78	.294		103.91	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	11	18	2,358.21		131.01	.151		214.38	
#CALIF DEPT OF HEALTH SERV			S MONTH-OF-PAYMENT	REPORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DE	ENTAL							

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

SUMMARI OF SERVICE	S FOR 60-DAI POSI	PARIUM PROGRAM	AID CODE			
					THLY AVERA	.GE -
USERS UN	ITS OF SERVICE	EXPENDITURES		UNITS/DAYS	COST PER	C
0	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
0	0 \$	.00	\$ .00	.000 \$	.00	\$
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
2	41 \$	26,398.33	\$ 643.86	.345 \$	13199.17	\$
0	0 \$	.00	\$ .00	.000 \$	.00	\$
GIVEN AS A SEPARATE	INFORMATION ITEM	ONLY;				
	USERS UN  O  O  O  O  O  O  O  O  O  O  O  O  O	USERS UNITS OF SERVICE OR DAYS OF CARE  0	OR DAYS OF CARE  0	USERS UNITS OF SERVICE OR DAYS OF CARE OST PER UNIT/DAY  0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00	USERS	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

							NTHLY AVERA	AGE -
6,574 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES	7,219	40,442	\$	7,040,794.35	\$ 174.10	6.152	\$ 975.31	\$
@PHYSICIANS SERVICES	3,537		; \$	959,997.01		1.628		\$
OUTPATIENT VISITS	1,488	2,622		181,055.28	69.05	.399	121.68	·
OFFICE VISITS	358	405		20,376.63	50.31	.062	56.92	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	229	257		17,782.91	69.19	.039	77.65	
PREVENTIVE CARE	5	5		205.37	41.07	.001	41.07	
OB VISITS/COMPRE PERI	1,022	1,929		141,545.15	73.38	.293	138.50	
OTHER OUTPATIENT	24	26		1,145.22	44.05		47.72	
INPATIENT VISITS	24 602	1,822		163,365.43	89.66		271.37	
HOSPITAL VISITS	543	1,065		47,926.06	45.00		88.26	
CRITICAL CARE	543 109	757		115,439.37	152.50		1059.08	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
· · · · · · · · · · · · · · · · · · ·	4	6		341.97	57.00		85.49	
OPHTHALMOLOGICAL SERVICES	4					.001		
EXAMINATIONS	0	6		341.97	57.00	.001	85.49	
SERVICES AND MATERIALS		0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	805	2,039		426,615.94	209.23	.310	529.96	
PRINCIPAL SURGEON	532	588		344,883.09	586.54	.089	648.28	
ASSISTANT SURGEON	127	127		23,344.40	183.81	.019	183.81	
ANESTHESIOLOGIST	241	1,324		58,388.45	44.10	.201	242.28	
OUTPATIENT SURGERY	319	545		30,644.06	56.23	.083	96.06	
PRINCIPAL SURGEON	294	440		26,293.33	59.76	.067	89.43	
ASSISTANT SURGEON	2	2		373.00	186.50	.000	186.50	
ANESTHESIOLOGIST	38	103		3,977.73	38.62		104.68	
DIALYSIS	0	0		.00	.00	.000	.00	
	496	999		12,190.44	12.20	.152	24.58	
	1,382	1,797		91,524.67	50.93	.273	66.23	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	70	124		3,031.56	24.45	.019	43.31	
OTHER SERVICES/ALL X-OVERS	435	749		3,031.56 51,227.66	68.39	.114	117.76	
@PHARMACY	1,543 1,474	3,208	\$	80,844.62	\$ 25.20	.488	\$ 52.39	\$
PRESCRIPTION DRUGS	1,474	2,887		61,045.88	21.15	.439	41.42	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	1,474	2,887		61,045.88	21.15	.439	41.42	
MEDICAL SUPPLIES	145	321		19,798.74	61.68	.049	136.54	
@DENTIST	13	36	\$	422.00	\$ 11.72	.005	\$ 32.46	\$
VISITS - DIAGNOSTIC	13	34		337.00	9.91	.005	25.92	
ORAL SURGERY	1	1		85.00	85.00	.000	85.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	1	1		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	Ō	0		.00	.00	.000	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

							M	TNO	HLY AVERA	4GE	_
6,574 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		C
		OR DAYS OF CAR	Ε		PE:	R UNIT/DAY	PER ELIG	ļ	USER		E
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		
EYE APPLIANCES	0	0		.00		.00	.000		.00		
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
VISITS	0	0		.00		.00	.000		.00		
OTHER SERVICES	0	0		.00		.00	.000		.00		
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		
SURGERY/ANES.	0	0		.00		.00	.000		.00		
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		
OTHER	0	0		.00		.00	.000		.00		
@HOME HEALTH AGENCY	108	153	\$	8,377.18	\$	54.75	.023	\$	77.57	\$	
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE MIDWIFE	52	981	\$	18,611.97	\$	18.97	.149	\$	357.92	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
@TOTAL HOSPITAL	1,987	9,604	Ś	4,986,367.90	\$	519.20	1.461	\$	2509.50	Ė	
HOSP INPATIENT TOTAL	693	3,202	'	4,823,483.98		1506.40	.487		6960.29		
HSC HOSPITALS	209	827		1,845,757.27		2231.87	.126		8831.37		
NON-HSC HOSPITAL TOTAL	486	2,375		2,977,726.71		1253.78	.361		6127.01		
ACCOMMODATIONS	486	2,375		1,030,202.63		433.77	.361		2119.76		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	486	2,375		1,030,202.63		433.77	.361		2119.76		
ANCILLARIES	486	_,		1,947,524.08		.00	.000		4007.25		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
HOSP OUTPATIENT TOTAL	1,637	6,402		162,883.92		25.44	.974		99.50		
MEDICAL	81	101		3,857.22		38.19	.015		47.62		
SURGERY	185	225		7,673.81		34.11	.034		41.48		
PATHOLOGY	755	2,168		25,233.62		11.64	.330		33.42		
RADIOLOGY	405	471		32,647.09		69.31	.072		80.61		
ROOM USE	591	851		37,275.57		43.80	.129		63.07		
CROSSOVERS/ALL OTH OUTPTNT	784	2,586		56,196.61		21.73	.393		71.68		
@COUNTY HOSPITAL TOTAL	25	148	\$	28,039.00	\$	189.45	.023	\$	1121.56	\$	
CO HOSPITAL INPATIENT TOTAL	6	20	'	22,700.10		1135.01	.003		3783.35		
HSC HOSPITALS	6	20		22,700.10		1135.01	.003		3783.35		
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		

CO HOSP OUTPATIENT TOTAL	25	128	5,338.90	41.71	.019	213.56	
MEDICAL	5	7	311.16	44.45	.001	62.23	
SURGERY	3	8	169.94	21.24	.001	56.65	
PATHOLOGY	12	31	465.05	15.00	.005	38.75	
RADIOLOGY	1	1	135.29	135.29	.000	135.29	
ROOM USE	16	34	1,295.01	38.09	.005	80.94	
CROSSOVERS/ALL OTH OUTPTNT	19	47	2,962.45	63.03	.007	155.92	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	05 THRU DE	C 2005	PA
MOP024	FEE-FOR-SERVICE/DENTA	L					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES F	OR 185% AND 6	60-DAY PP TOTAL, CODES	14 47 48 49	69 76		
				-	MON	THLY AVERAG	ЗЕ -
C FRA DITCIDI DO	TIODDO INTEG	OH CHRITCH	DADDIDIDIO 771	TD A CD COCH TT	NTEMO / DANO	COOM DED	_

SANIA CRUZ COUNII	SUMMARY OF SER	IVICES FOR 1856 AL	-טס עוי	DAY PP TOTAL, COL	JES 44 47 48 45	9 69 76		
						MON	THLY AVERA	AGE -
6,574 ELIGIBLES	USERS	UNITS OF SERVIC	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	1,962	9,456	\$	4,958,328.90	\$ 524.36	1.438 \$	2527.18	\$
COMM HOSP INPATIENT TOTAL	687	3,182		4,800,783.88	1508.73	.484	6988.04	
HSC HOSPITALS	203	807		1,823,057.17	2259.05	.123	8980.58	
NON-HSC HOSPITALS TOTAL	486	2,375		2,977,726.71	1253.78	.361	6127.01	
ACCOMMODATIONS	486	2,375		1,030,202.63	433.77	.361	2119.76	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	486	2,375		1,030,202.63	433.77	.361	2119.76	
ANCILLARIES	486	0		1,947,524.08	.00	.000	4007.25	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	1,612	6,274		157,545.02	25.11	.954	97.73	
MEDICAL	76	94		3,546.06	37.72	.014	46.66	
SURGERY	182	217		7,503.87	34.58	.033	41.23	
PATHOLOGY	743	2,137		24,768.57	11.59	.325	33.34	
RADIOLOGY	404	470		32,511.80	69.17	.071	80.47	
ROOM USE	575	817		35,980.56	44.04	.124	62.57	
CROSSOVERS/ALL OTH OUTPTNT	765	2,539		53,234.16	20.97	.386	69.59	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$	.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	

LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	36	233	\$	4,801.39	\$	20.61	.035	\$	133.37	\$
HOSPITAL BASED	32	159		3,664.21		23.05	.024		114.51	
INDEPENDENT FACILITY	4	74		1,137.18		15.37	.011		284.30	
@LABORATORY FACILITY	1,696	5,196	\$	60,843.91	\$	11.71	.790	\$	35.87	\$
PATHOLOGY	1,695	5,195		60,796.71		11.70	.790		35.87	
XO AND OTHERS	1	1		47.20		47.20	.000		47.20	
@ORGANIZED OUTPATIENT CLINIC	2,302	9,475	\$	889,628.36		93.89	1.441	\$	386.46	\$
CLINIC	592	3,196		81,553.85		25.52	.486		137.76	
SURGICENTER	1	1		70.00		70.00	.000		70.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	1,716	6,278		808,004.51		128.70	.955		470.87	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	RES	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2005 THRU	DEC	2005	PΑ

FEE-FOR-SERVICE/DENTAL

MOP024 FEE-FOR-SERVICE/DENTAI

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR 185% AND 60-DAY PP TOTAL, CODES 44 47 48 49 69 76

DANTA CROZ COUNTI	DOMINANT OF BEIN	VICED FOR 1038 AND	OU DAT IT TOTAL, COL	DED 44 47 40 42			
						THLY AVERA	GE -
6,574 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	282	853 \$	30,900.01	\$ 36.23	.130 \$	109.57	\$
DURABLE MED. EQUIP.	3	35	277.24	7.92	.005	92.41	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	30	565	4,768.22	8.44	.086	158.94	
AMBULANCES/AIR TRANS	30	559	4,712.89	8.43	.085	157.10	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	6	6	55.33	9.22	.001	9.22	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	244	244	25,596.00	104.90	.037	104.90	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	1	3	68.92	22.97	.000	68.92	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	2	4	170.49	42.62	.001	85.25	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	2	2	19.14	9.57	.000	9.57	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	

PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	279	2,652	\$ 1,165,278.04	\$ 439.40	.403	\$ 4176.62	\$
@XOVER EXCLUDING STATE HOSP**	3	6	\$ 249.67	\$ 41.61	.001	\$ 83.22	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

MOP024	FEE-FOR-SERVICE									
SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR TITLE	II D	ISREGARD - AGED	AID CODE	16				
						MO				
00 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		UNITS/DAYS			C	
		OR DAYS OF CAR	EΕ			PER ELIG		SER	E	
@TOTAL, ALL PROVIDERS	269	1,972	\$	111,791.23	\$ 56.69	.000		15.58	\$	
@PHYSICIANS SERVICES	0	0	\$	.00	\$ .00	.000	\$	.00	\$	
OUTPATIENT VISITS	0	0		.00	.00	.000		.00		
OFFICE VISITS	0	0		.00	.00	.000		.00		
HOME VISITS	0	0		.00	.00	.000		.00		
EMERGENCY ROOM	0	0		.00	.00	.000		.00		
PREVENTIVE CARE	0			.00	.00	.000		.00		
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		
OTHER OUTPATIENT	0	0		.00	.00	.000		.00		
INPATIENT VISITS	0	0		.00	.00	.000		.00		
HOSPITAL VISITS	0	0		.00	.00	.000		.00		
CRITICAL CARE	0	0		.00	.00	.000		.00		
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000		.00		
EXAMINATIONS	0	0		.00	.00	.000		.00		
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00		
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		
OUTPATIENT SURGERY	0	0		.00	.00	.000		.00		
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		
DIALYSIS	0	0		.00	.00	.000		.00		
PATHOLOGY	0	0		.00	.00	.000		.00		
RADIOLOGY	0	0		.00	.00	.000		.00		
PSYCHIATRY	0	0		.00	.00	.000		.00		
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	_	.00		
@PHARMACY	59	445	\$	12,732.56	\$ 28.61	.000		15.81	\$	
PRESCRIPTION DRUGS	58	82		12,570.83	153.30	.000		16.74		
SNF/ICF	10	15		1,987.38	132.49	.000		98.74		
OUTPATIENTS	48	67		10,583.45	157.96	.000		20.49		
MEDICAL SUPPLIES	1	363		161.73	.45	.000		51.73		
@DENTIST	42	182	\$	8,214.00	\$ 45.13	.000		95.57	\$	
VISITS - DIAGNOSTIC	27	98		1,156.50	11.80	.000		42.83		
ORAL SURGERY	4	20		718.00	35.90	.000	17	79.50		
DRUGS	0	0		.00	.00	.000		.00		
ANESTHESIA	3	3		200.00	66.67	.000		66.67		
PERIODONTICS	5	5		472.00	94.40	.000		94.40		
ENDODONTICS	3	8		1,990.00	248.75	.000	66	53.33		

RESTORATIVE DENTISTRY	8	16	850.50	53.16	.000	106.31
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	8	30	2,827.00	94.23	.000	353.38
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	2	2	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ				

PA

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR	K LILFE II D	ISREGARD - AGED		AID CODE			
						MON'		
00 ELIGIBLES		OF SERVICE	EXPENDITURES			UNITS/DAYS		C
	OR DA	YS OF CARE			R UNIT/DAY	PER ELIG	USER	E
@OPTOMETRIST	0	0 \$	.00	\$	.00	.000 \$		\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000	.00	
EYE APPLIANCES	0	0	.00		.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00	
@CHIROPRACTOR	0	0 \$	.00	\$	.00	.000 \$	.00	\$
VISITS	0	0	.00		.00	.000	.00	
OTHER SERVICES	0	0	.00		.00	.000	.00	
@PODIATRIST	0	0 \$	.00	\$	.00	.000 \$	.00	\$
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00	
SURGERY/ANES.	0	0	.00		.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	
OTHER	0	0	.00		.00	.000	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$	.00	.000 \$	.00	\$
NURSE ANESTHESIST	0	0 \$	.00	\$	.00	.000 \$	.00	\$
NURSE MIDWIFE	0	0 \$	.00	\$	.00	.000 \$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0 Ś	.00	Ė	.00	.000 \$	.00	Ė
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$	.00	.000 \$	.00	\$
@TOTAL HOSPITAL	0	0 \$	1,752.00CR	Ė	.00	.000 \$	.00	Ė
HOSP INPATIENT TOTAL	0	0	1,752.00CR		.00	.000	.00	·
HSC HOSPITALS	0	0	.00		.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000	.00	
ACCOMMODATIONS	0	0	.00		.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	
ANCILLARIES	0	0	.00		.00	.000	.00	
INPATIENT CROSSOVERS	0	0	1,752.00CR		.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00	
MEDICAL	0	0	.00		.00	.000	.00	
SURGERY	0	0	.00		.00	.000	.00	
PATHOLOGY	0	0	.00		.00	.000	.00	
RADIOLOGY	0	0	.00		.00	.000	.00	
ROOM USE	0	0	.00		.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	Û	0	.00		.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$	.00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	٣	.00	.000	.00	۲
HSC HOSPITALS	0	0	.00		.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	
ACCOMMODATIONS	0	0	.00		.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	
INCITATOTIVALIAN DUID	U	5	.00		.00	. 5 0 0	.00	

TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN 2	005 THRU DEC	C 2005 PA	Ą
MOP024	FEE-FOR-SERVICE/DENTA	L					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES F	OR TITLE II D	ISREGARD - AGED	AID CODE	16		
					MONT	THLY AVERAGE -	-
00 ELIGIBLES	USERS UNITS	OF SERVICE		VERAGE COST	UNITS/DAYS	COST PER (	_
	OR D.	AYS OF CARE	P	ER UNIT/DAY	PER ELIG	USER E	-
@COMMUNITY HOSPITAL TOTAL	0	0 \$	1,752.00CR \$		.000 \$	.00 \$	
COMM HOSP INPATIENT TOTAL	0	0	1,752.00CR	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER C
		OR DAYS OF CARE		PER UNIT/DAY		USER E
@COMMUNITY HOSPITAL TOTAL	0	0 \$	1,752.00CR		.000 \$	.00 \$
COMM HOSP INPATIENT TOTAL	0	0	1,752.00CR	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	1,752.00CR	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00 \$
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00 \$
HOSPITAL BASED	0	0	.00	.00	.000	.00

INDEPENDENT FACILITY	0	(	)	.00		.00	.000		.00	
@LABORATORY FACILITY	0	(	) \$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	(	)	.00		.00	.000		.00	
XO AND OTHERS	0	(	)	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	76	376	5 \$	47,313.37	\$	125.83	.000	\$	622.54	\$
CLINIC	0	(	)	.00		.00	.000		.00	
SURGICENTER	0	(	)	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	(	)	.00		.00	.000		.00	
RURAL HEALTH CLINIC	76	376	5	47,313.37		125.83	.000		622.54	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDI	TURES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVIC	E/DENTAL								
SANTA CRUZ COUNTY	SUMMARY OF SERV	VICES FOR TITI	LE II I	DISREGARD - AGED		AID CODE	16			
							N	TNON	HLY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF SERV	/ICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	ZS.	COST PER	C
		OR DAYS OF C	CARE		PER		PER ELIC		USER	E
@ALL OTHER PROVIDERS	120	969	\$	45,283.30	\$	46.73	.000	\$	377.36	\$
DURABLE MED. EQUIP.	0	(	)	.00		.00	.000		.00	
BLOOD BANK	0	(	)	.00		.00	.000		.00	
HEARING AID DISPENSERS	0	(	)	.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0	(	)	.00		.00	.000		.00	
AMBULANCES/AIR TRANS	0	(	)	.00		.00	.000		.00	
OTHER TRANS	0	(	)	.00		.00	.000		.00	
OTHER SERVICES	0	(	)	.00		.00	.000		.00	
ACUPUNCTURE	0	(	)	.00		.00	.000		.00	
ADULT DAY HEALTH CARE CTR	0	(	)	.00		.00	.000		.00	
GENETIC DISEASE TESTING	0	(	)	.00		.00	.000		.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	87	891	L	44,531.04		49.98	.000		511.85	
OCCUPATIONAL THERAPIST	0	(		.00		.00	.000		.00	
OPTICIAN	31	76		734.41		9.66	.000		23.69	
PHYSICAL THERAPIST	0	(	)	.00		.00	.000		.00	
PORTABLE X-RAY	0	(	)	.00		.00	.000		.00	
PROSTHETIST/ORTHOTISTS	0	(	)	.00		.00	.000		.00	
PROSTHETICS	0	(	)	.00		.00	.000		.00	
ORTHOTICS	0	(	)	.00		.00	.000		.00	
PSYCHOLOGIST	0	(	)	.00		.00	.000		.00	
SPEECH AND AUDIOLOGY	0	(	)	.00		.00	.000		.00	

HOSPICE SERVICES	0	0		.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00
ALL OTHER PROVIDERS	2	2	1	17.85	8.93	.000	8.93
@CALIF. CHILDREN SERVICES*	0	0	\$	.00 \$	.00	.000	\$ .00 \$
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 1,73	34.15CR \$	867.08CR	.000	\$ 867.08CR\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SANTA CRUZ COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

DANIA CROZ COUNTI	DOMMANT OF DERVI	ICHO FOR I		I DIDICHOR	IND DHIND	AID	CODED ZO	OA	_		
								M			
00 ELIGIBLES	USERS	UNITS OF S			EXPENDITURES			UNITS/DAY		COST PER	C
		OR DAYS O				PER	UNIT/DAY			USER	E
@TOTAL, ALL PROVIDERS	6		14	\$	709.80	\$	50.70	.000	\$	118.30	\$
@PHYSICIANS SERVICES	0		0	\$	.00	\$	.00	.000	\$	.00	\$
OUTPATIENT VISITS	0		0		.00		.00	.000		.00	
OFFICE VISITS	0		0		.00		.00	.000		.00	
HOME VISITS	0		0		.00		.00	.000		.00	
EMERGENCY ROOM	0		0		.00		.00	.000		.00	
PREVENTIVE CARE	0		0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	
OTHER OUTPATIENT	0		0		.00		.00	.000		.00	
INPATIENT VISITS	0		0		.00		.00	.000		.00	
HOSPITAL VISITS	0		0		.00		.00	.000		.00	
CRITICAL CARE	0		0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	
EXAMINATIONS	0		0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	
DIALYSIS	0		0		.00		.00	.000		.00	
PATHOLOGY	0		0		.00		.00	.000		.00	
RADIOLOGY	0		Ö		.00		.00	.000		.00	
PSYCHIATRY	0		0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00	
@PHARMACY	0		0	\$	.00	\$	.00	.000	Ś	.00	\$
PRESCRIPTION DRUGS	0		0	۲	.00	۲	.00	.000	Y	.00	۲
SNF/ICF	0		0		.00		.00	.000		.00	
OUTPATIENTS	0		0		.00		.00	.000		.00	
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00	
@DENTIST	٠ ٢		11	\$	126.00	\$	11.45	.000	\$	42.00	Ś
VISITS - DIAGNOSTIC	3		11	Ą		Ą	11.45	.000	Ą		Ą
VISIIS - DIAGNOSIIC	3		TT		126.00		11.45	.000		42.00	

	ORAL SURGERY	0	0	.00	.00	.000	.00	
	DRUGS	0	0	.00	.00	.000	.00	
	ANESTHESIA	0	0	.00	.00	.000	.00	
	PERIODONTICS	0	0	.00	.00	.000	.00	
	ENDODONTICS	0	0	.00	.00	.000	.00	
	RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
	PROSTHETICS	0	0	.00	.00	.000	.00	
	DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
	SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
	MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
	FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
	ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
	ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#	CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	C 2005	PA
]	MOP024	FEE-FOR-SERVICE/DENTA	$\Lambda\Gamma$					
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SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	דת דו	SKEGARD - BLIND	AID	CODES 26	6A			
							MO	ГИС	HLY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES			UNITS/DAYS	S	COST PER	C
		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00	
EYE APPLIANCES	0	0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAL		TH-OF-PAYMENT REPORT	FOR JAN 20	05 THRU DEC	2005	]
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FO	OR TITLE II DISR	EGARD - BLIND AID	CODES 26 6	A		

PA

MOP024	FEE-FOR-SERVICE	/DENTAL							
SANTA CRUZ COUNTY	SUMMARY OF SERVI	ICES FOR	TITLE I	I DISRE	GARD - BLIND	AID CODES 26	6A		
							MON	THLY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS	OF CARE			PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	0		0	\$	.00	\$ .00	.000 \$	.00	\$
COMM HOSP INPATIENT TOTAL	0		0		.00	.00	.000	.00	
HSC HOSPITALS	0		0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00	
ACCOMMODATIONS	0		0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	
ALL OTHER ACCOM	0		0		.00	.00	.000	.00	
ANCILLARIES	0		0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00	
MEDICAL	0		0		.00	.00	.000	.00	
SURGERY	0		0		.00	.00	.000	.00	
PATHOLOGY	0		0		.00	.00	.000	.00	
RADIOLOGY	0		0		.00	.00	.000	.00	
ROOM USE	0		0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPINT	0		0		.00	.00	.000	.00	
@STATE HOSPITAL	0		0	\$	.00	\$ .00	.000 \$	.00	\$
MENTALLY ILL	0		0		.00	.00	.000	.00	
DEVELOP. DISABLED	0		0		.00	.00	.000	.00	
@NURSING FACILITY	0		0	\$	.00	\$ .00	.000 \$	.00	\$
LEV A-INTERMEDIATE	0		0		.00	.00	.000	.00	
LEV B-REHAB MD	0		0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	
LEV B-REGULAR	0		0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$ .00	.000 \$	.00	\$
ICF DDH	0		0		.00	.00	.000	.00	
ICF DD	0		0		.00	.00	.000	.00	
ICF DDN/DDCN	0		0		.00	.00	.000	.00	

@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00	•	.00	.000	•	.00	·
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0	.00		.00	.000		.00	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	3	3 \$	583.80	\$	194.60	.000	\$	194.60	\$
CLINIC	0	0	.00		.00	.000		.00	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	3	3	583.80		194.60	.000		194.60	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2005 THRU I	DEC	2005	PA

MOP024 FEE-FOR-SERVICE/DENTAL

----- MONTHLY AVERAGE -

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SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER E
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 Š	.00	\$ .00	.000 \$	.00 \$
@* TOTALS IN THESE LINES ARE GIVEN	I AS A SEPAR	ATE INFORMATION ITEM ONI		7		

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	(		C
		OR DAYS OF CARE		2.0 200		•	PER ELIG	_	USER	Ŀ
@TOTAL, ALL PROVIDERS	561	5,762	Ş	349,382.51		60.64	.000		622.79	\$
@PHYSICIANS SERVICES	3	3	Ş	69.66	\$	23.22	.000	Ş	23.22	\$
OUTPATIENT VISITS	0	0		.00		.00	.000		.00	
OFFICE VISITS	0	0		.00		.00	.000		.00	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	0	0		.00		.00	.000		.00	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	
INPATIENT VISITS	0	0		.00		.00	.000		.00	
HOSPITAL VISITS	0	0		.00		.00	.000		.00	
CRITICAL CARE	0	0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	3	3		69.66		23.22	.000		23.22	
@PHARMACY	337	4,443	\$	231,920.21	\$	52.20	.000	\$	688.19	\$
PRESCRIPTION DRUGS	323	706	·	230,147.06	•	325.99	.000		712.53	•

----- MONTHLY AVERAGE -

SNF/ICF	7	47	4,068.63	86.57	.000	581.23	
OUTPATIENTS	316	659	226,078.43	343.06	.000	715.44	
MEDICAL SUPPLIES	14	3,737	1,773.15	.47	.000	126.65	
@DENTIST	45	212 \$	5,491.25 \$	25.90	.000 \$	122.03	\$
VISITS - DIAGNOSTIC	37	143	1,412.25	9.88	.000	38.17	
ORAL SURGERY	5	23	1,955.00	85.00	.000	391.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	4	4	409.00	102.25	.000	102.25	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	11	25	1,715.00	68.60	.000	155.91	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	3	17	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN 200	5 THRU DE	C 2005	P#

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
MOP024 FEE-FOR-SERVICE/DENTAL

----- MONTHLY AVERAGE -

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

				 			TLI AVEKA	.GE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS	; (	COST PER	C
		OR DAYS OF CARE		UNIT/DAY	PER ELIG		USER	. E
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000	\$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	
EYE APPLIANCES	0	0	.00	.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000	\$	.00	\$
VISITS	0	0	.00	.00	.000		.00	
OTHER SERVICES	0	0	.00	.00	.000		.00	
@PODIATRIST	0	0 \$	.00	\$ .00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	
SURGERY/ANES.	0	0	.00	.00	.000		.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	
OTHER	0	0	.00	.00	.000		.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000	\$	.00	\$
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000	\$	.00	\$
@TOTAL HOSPITAL	2	0 \$	1,824.00	\$ .00	.000	\$	912.00	\$
HOSP INPATIENT TOTAL	2	0	1,824.00	.00	.000		912.00	
HSC HOSPITALS	0	0	.00	.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	
ACCOMMODATIONS	0	0	.00	.00	.000		.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	
ANCILLARIES	0	0	.00	.00	.000		.00	
INPATIENT CROSSOVERS	2	0	1,824.00	.00	.000		912.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	
MEDICAL	0	0	.00	.00	.000		.00	
SURGERY	0	0	.00	.00	.000		.00	

PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN 2	005 THRU DEC	C 2005	PA
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MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C
----- MONTHLY AVERAGE -

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	C
@COMMUNITY HOSPITAL TOTAL	2	OR DAIS OF CARE	Ċ	1,824.00		.000 \$		Ģ.
COMM HOSP INPATIENT TOTAL	2	0	ې					Ą
HSC HOSPITALS	2	0		1,824.00				
	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	2	0		1,824.00	.00	.000	912.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$
MENTALLY ILL	0	0	·	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$		Ś
LEV A-INTERMEDIATE	0	0	'	.00	.00	.000	.00	'
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	

LEV B-REGULAR	0	0	.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	.00		.00	.000		.00	
ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0	.00		.00	.000		.00	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	202	480 \$	88,579.05	\$	184.54	.000	\$	438.51	\$
CLINIC	0	0	.00		.00	.000		.00	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	202	480	88,579.05		184.54	.000		438.51	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2005 THRU	DEC	2005	PA

----- MONTHLY AVERAGE -

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - DISABLED AID CODES 36 66 6C

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	C
@ALL OTHER PROVIDERS	57	624 \$	21,498.34		.000 \$		\$
DURABLE MED. EQUIP.	0	024 9	.00	.00	.000	.00	Y
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	27	548	20,708.11	37.79	.000	766.97	
OCCUPATIONAL THERAPIST	47	546	.00	.00	.000	.00	
OPTICIAN	28	63	674.27		.000	24.08	
PHYSICAL THERAPIST	28	63		10.70		.00	
PORTABLE X-RAY	0	0	.00	.00	.000		
	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	2	13	115.96	8.92	.000	57.98	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$
@XOVER EXCLUDING STATE HOSP**	7	16 \$	2,009.62	\$ 125.60	.000 \$	287.09	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

PA

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

SANTA CRUZ COUNTY	SUMMARY OF SERVI	CES FOR TITLE II	DISREGARD - FAMIL	ITES D	ISCONTINU			
						MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURE				COST PER	C
		OR DAYS OF CARE		PER 1	UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	0	0	\$ .0	0 \$	.00	.000 \$	.00	\$
@PHYSICIANS SERVICES	0	0	\$ .0	0 \$	.00	.000 \$	.00	\$
OUTPATIENT VISITS	0	0	.0	0	.00	.000	.00	
OFFICE VISITS	0	0	.0	0	.00	.000	.00	
HOME VISITS	0	0	.0		.00	.000	.00	
EMERGENCY ROOM	0	0	.0		.00	.000	.00	
PREVENTIVE CARE	0	0	.0		.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.0		.00	.000	.00	
OTHER OUTPATIENT	0	0	.0		.00	.000	.00	
INPATIENT VISITS	0	0	.0		.00	.000	.00	
HOSPITAL VISITS	0	0	.0		.00	.000	.00	
CRITICAL CARE	0	0	.0		.00	.000	.00	
	0	0						
SNF/ICF/TRANS IP CARE	0	0	.0		.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	_	.0		.00	.000	.00	
EXAMINATIONS	0	0	.0		.00	.000	.00	
SERVICES AND MATERIALS	0	0	.0		.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.0		.00	.000	.00	
PRINCIPAL SURGEON	0	0	.0		.00	.000	.00	
ASSISTANT SURGEON	0	0	.0		.00	.000	.00	
ANESTHESIOLOGIST	0	0	.0		.00	.000	.00	
OUTPATIENT SURGERY	0	0	.0		.00	.000	.00	
PRINCIPAL SURGEON	0	0	.0	0	.00	.000	.00	
ASSISTANT SURGEON	0	0	.0	0	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.0	0	.00	.000	.00	
DIALYSIS	0	0	.0	0	.00	.000	.00	
PATHOLOGY	0	0	.0	0	.00	.000	.00	
RADIOLOGY	0	0	.0	0	.00	.000	.00	
PSYCHIATRY	0	0	.0	0	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.0	0	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.0	0	.00	.000	.00	
@PHARMACY	0	0	\$ .0		.00	.000 \$		\$
PRESCRIPTION DRUGS	0	0	.0		.00	.000	.00	
SNF/ICF	0	0	.0		.00	.000	.00	
OUTPATIENTS	0	0	.0		.00	.000	.00	
MEDICAL SUPPLIES	0	0	.0		.00	.000	.00	
@DENTIST	0		\$ .0		.00	.000 \$		\$
VISITS - DIAGNOSTIC	0	0	.0		.00	.000	.00	۲
ORAL SURGERY	0	0	.0		.00	.000	.00	
DRUGS	0	0	.0		.00	.000	.00	
ANESTHESIA	0	0	.0		.00	.000	.00	
PERIODONTICS	0	0	.0		.00	.000	.00	
	0	0						
ENDODONTICS	0	0	.0		.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.0		.00	.000	.00	
PROSTHETICS	Ü		.0		.00	.000	.00	
DENTURES, STAYPLATES	U	0	.0		.00	.000	.00	
SPACE MAINTAINERS	0	U	.0	U	.00	.000	.00	

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN :	2005 THRU D	EC 2005

PP

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES DISCONTINUED

SANTA CRUZ COUNTY	SUMMARY OF SERVI	CES FOR T	TIPE II	. DISREGA	ARD - FAMILIES	Д.	LSCONTINU	JED			
										HLY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF S		E	EXPENDITURES			UNITS/DAY	S	COST PER	C
		OR DAYS O	F CARE			PER U	JNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00	
EYE APPLIANCES	0		0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00	
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0		0		.00		.00	.000		.00	
OTHER SERVICES	0		0		.00		.00	.000		.00	
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00	
SURGERY/ANES.	0		0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00	
OTHER	0		0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00	
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
ANCILLARIES	0		0		.00		.00	.000		.00	

INPATIENT CROSSOVERS	U	U	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
	0	0 6					d
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	U	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
	0	0	.00				
ROOM USE	0	0		.00	.000	.00	
CROSSOVERS/ALL OTH OUTPINT		U U	.00	.00	.000	.00	-
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	JES AND EXPENDITURES !	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2005 THRU DEC	2005	PA
		- /					
	FEE-FOR-SERVICE	•					
		E/DENTAL /ICES FOR TITLE II D	ISREGARD - FAMILIES	DISCONTING			
SANTA CRUZ COUNTY	SUMMARY OF SERV	/ICES FOR TITLE II D			MONT		
		ICES FOR TITLE II D	ISREGARD - FAMILIES EXPENDITURES	AVERAGE COST	MONT UNITS/DAYS		.GE - C
SANTA CRUZ COUNTY	SUMMARY OF SERV	/ICES FOR TITLE II D			MONT UNITS/DAYS		
SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR TITLE II D		AVERAGE COST	MONT UNITS/DAYS	COST PER	C E
SANTA CRUZ COUNTY  00 ELIGIBLES	SUMMARY OF SERV	VICES FOR TITLE II D UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONT UNITS/DAYS PER ELIG	COST PER USER	C E
SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVUSERS	VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$ .00	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	C E
SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERVUSERS	VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000	COST PER USER .00 .00	C E
SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVUSERS	VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000	COST PER USER .00 .00 .00	C E
SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVUSERS  0 0 0 0 0	VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	COST PER USER .00 .00 .00 .00	C E
SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVUSERS  USERS  0 0 0 0 0 0 0	VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000	COST PER USER .00 .00 .00 .00	C E
SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV	VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	C E
SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVUSERS  USERS  0 0 0 0 0 0 0	VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	C E
SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0	VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	C E
SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERV	VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E
SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV  USERS  0 0 0 0 0 0 0 0 0 0 0 0	VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E
OO ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV	VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E
SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV	VICES FOR TITLE II D  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E
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INPATIENT CROSSOVERS

LEV A-INTERMEDIATE							
	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	·
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000		\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	7
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000		\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	۲
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000		\$
PATHOLOGY	0	0	.00	.00	.000	.00	Y
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000		Ś
CLINIC CLINIC	0	0	.00	.00	.000	.00	Ą
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	
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PSYCHOLOGIST

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

EPSDT SUPPLEMENTAL SERVICE

HOSPICE SERVICES

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00 \$

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@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

SANTA CROZ COUNTI	SUMMARI OF SER	VICES FOR TITLE IT D.	ISKEGARD - IOIAL		MONT	תמשוות עונים	CE _
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			 
00 EDIGIBLES	OSEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	E
@TOTAL, ALL PROVIDERS	836	7,748 \$	461,883.54	\$ 59.61	.000 \$	552.49	\$
@PHYSICIANS SERVICES	3	7,748 3	69.66	\$ 23.22	.000 \$		\$ \$
OUTPATIENT VISITS	0	3 Ş 0	.00	.00	.000 \$	.00	Ą
	0	0					
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	•	•	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	3	3	69.66	23.22	.000	23.22	
@PHARMACY	396	4,888 \$	244,652.77		.000 \$		\$
PRESCRIPTION DRUGS	381	788	242,717.89	308.02	.000	637.05	Т
SNF/ICF	17	62	6,056.01	97.68	.000	356.24	
OUTPATIENTS	364	726	236,661.88	325.98	.000	650.17	
MEDICAL SUPPLIES	15	4,100	1,934.88	.47	.000	128.99	
@DENTIST	90	405 \$	13,831.25		.000 \$		Ċ
VISITS - DIAGNOSTIC	67	252	2,694.75	10.69	.000	40.22	۲
ORAL SURGERY	9	43	2,673.00	62.16	.000	297.00	
DRUGS	0	0	2,673.00	.00	.000	.00	
ANESTHESIA	3	3	200.00	66.67	.000	66.67	
PERIODONTICS	9	9	881.00	97.89	.000	97.89	
PEKTODON11C2	9	Э	881.00	91.09	.000	91.89	

ENDODONTICS	3	8	1,990.00	248.75	.000	663.33
RESTORATIVE DENTISTRY	19	41	2,565.50	62.57	.000	135.03
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	8	30	2,827.00	94.23	.000	353.38
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	5	19	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005

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MOP024 MOP024 MEALTH SERV MEDI-CAL SERVICES AND E

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

SANTA CROZ COUNTT	SUMMARI OF SERVICE.	5 FOR TITLE II DIS	REGARD - TOTAL		MON	imiii waxanaai	_
00 81 10181 80	HATD A INT	TMG OF GERVITOR		317DD30D 0		THLY AVERAGE	
00 ELIGIBLES		ITS OF SERVICE	EXPENDITURES		COST UNITS/DAYS	COST PER	C
		R DAYS OF CARE		,	DAY PER ELIG	USER	E
@OPTOMETRIST	0	0 \$	.00	•	00 .000 \$		\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.000	.00	
EYE APPLIANCES	0	0	.00		.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	. (	.000	.00	
@CHIROPRACTOR	0	0 \$	.00	\$ .0	00 .000 \$	.00 \$	\$
VISITS	0	0	.00	. (	.000	.00	
OTHER SERVICES	0	0	.00	. (	.000	.00	
@PODIATRIST	0	0 \$	.00	\$ .0	00 .000 \$	.00 \$	\$
MEDICINE/INJECTIONS	0	0	.00	. (	.000	.00	
SURGERY/ANES.	0	0	.00	. 0	.000	.00	
RADIO./PATHOLOGY	0	0	.00	. 0	.000	.00	
OTHER	0	0	.00	. (	.000	.00	
@HOME HEALTH AGENCY	0	0 \$	.00		00 .000 \$		\$
NURSE ANESTHESIST	0	0 \$	.00	•	00 .000 \$		\$
NURSE MIDWIFE	0	0 \$	.00	\$ .0			Š
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .0		.00	Š
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .0			Š
@TOTAL HOSPITAL	2	0 \$	72.00		00 .000 \$		τ
HOSP INPATIENT TOTAL	2	0	72.00			36.00	Υ
HSC HOSPITALS	0	0	.00	. (		.00	
NON-HSC HOSPITAL TOTAL	0	0	.00		.000	.00	
ACCOMMODATIONS	0	0	.00	. (		.00	
ADMINISTRATIVE DAYS	0	0	.00		000 .000	.00	
TRANSITIONAL IP CARE	0	0	.00		000 .000	.00	
ALL OTHER ACCOM	0	0	.00	. (		.00	
ANCILLARIES	0	0	.00		000 .000	.00	
INPATIENT CROSSOVERS	2	0	72.00			36.00	
ALL OTHER INPATIENT	2	0	.00			.00	
HOSP OUTPATIENT TOTAL	0	0					
	0	0	.00		.000	.00	
MEDICAL	•	0	.00		.000	.00	
SURGERY	0	0	.00		.000	.00	
PATHOLOGY	0	0	.00		.000	.00	
RADIOLOGY	0	0	.00	. (		.00	
ROOM USE	0	0	.00		.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00		000 \$		\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.000	.00	
HSC HOSPITALS	0	0	.00		.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00	
ACCOMMODATIONS	0	0	.00	. (	.000	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	)5 THRU DE	EC 2005	PA

MOP024

FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - TOTAL

DOINGING OF DERIVE	DED FOR TETEL EF DED.	CECINO IOINE				
		MON'	THLY AVERA	.GE -		
USERS (	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
2	0 \$	72.00	\$ .00	.000 \$	36.00	\$
2	0	72.00	.00	.000	36.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
2	0	72.00	.00	.000	36.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
0	0	.00	.00	.000	.00	
	USERS U 2 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	OR DAYS OF CARE  2	OR DAYS OF CARE  2	USERS	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           2         0 \$ 72.00         \$ .00         .000         \$ 36.00           2         0 \$ 72.00         .00         .00         .000         36.00           0         0 \$ .00         .00         .00         .000         .000         .000           0         0 \$ .00         .00         .00         .000         .000         .000         .000           0         0 \$ .00         .00         .00         .00         .000         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00

CROSSOVERS/ALL OTH OUTPINT	. 0	0		.00		.00	.000		.00	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00	•	.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	9	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	281	859	\$	136,476.22	\$	158.88	.000	\$	485.68	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	281	859		136,476.22		158.88	.000		485.68	
#CALIF DEPT OF HEALTH SERV			URES 1	MONTH-OF-PAYMENT	REPORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVIO									
SANTA CRUZ COUNTY	SUMMARY OF SER	RVICES FOR TITLE	II D	ISREGARD - TOTAL						
									HLY AVERA	AGE -
00 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAY			C
		OR DAYS OF CA	ARE				PER ELIC		USER	E
@ALL OTHER PROVIDERS	177	1,593	\$	66,781.64		41.92	.000		377.30	\$
DIIDADIE MED ECIITO	<u> </u>	<u> </u>		0.0		0.0	000		0.0	

					11011		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	177	1,593 \$	66,781.64	\$ 41.92	.000 \$	377.30	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	114	1,439	65,239.15	45.34	.000	572.27	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	59	139	1,408.68	10.13	.000	23.88	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	

SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	4	15	133.81	8.92	.000	33.45	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	9	18	\$ 275.47	\$ 15.30	.000	\$ 30.61	\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SU.	PPORT - AGED		AID CODE	18			
							Mo	ГИС	HLY AVERA	.GE -
01 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E
@TOTAL, ALL PROVIDERS	467	5,342	\$	283,754.64	\$	53.12	5342.000	\$	607.61	\$28
@PHYSICIANS SERVICES	0	0	\$	.00	\$	.00	.000	\$	.00	\$
OUTPATIENT VISITS	0	0		.00		.00	.000		.00	
OFFICE VISITS	0	0		.00		.00	.000		.00	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	0	0		.00		.00	.000		.00	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	
INPATIENT VISITS	0	0		.00		.00	.000		.00	
HOSPITAL VISITS	0	0		.00		.00	.000		.00	
CRITICAL CARE	0	0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00	
@PHARMACY	77	771	\$	20,387.15	\$	26.44	771.000	\$	264.77	\$ 2
PRESCRIPTION DRUGS	75	122		20,280.12		166.23	122.000		270.40	2
SNF/ICF	1	5		153.20		30.64	5.000		153.20	
OUTPATIENTS	74	117		20,126.92		172.02	117.000		271.99	2
MEDICAL SUPPLIES	2	649		107.03		.16	649.000		53.52	
@DENTIST	45	189	\$	9,205.40	\$	48.71	189.000	\$	204.56	\$

VISITS - DIAGNOSTIC	35	93	1,238.40	13.32	93.000	35.38
ORAL SURGERY	8	51	3,197.00	62.69	51.000	399.63
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	3	3	400.00	133.33	3.000	133.33
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	8	23	940.00	40.87	23.000	117.50
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	8	17	3,430.00	201.76	17.000	428.75
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	2	2	.00	.00	2.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DE	C 2005

CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL PA

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

						M	ONT	HLY AVERA	GE -
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CARE			UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	
EYE APPLIANCES	0	0	.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$
VISITS	0	0	.00		.00	.000		.00	
OTHER SERVICES	0	0	.00		.00	.000		.00	
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	
SURGERY/ANES.	0	0	.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	
OTHER	0	0	.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	1	19	\$ 2,374.14CR	\$	124.95CR	19.000	\$	2374.14C	!R\$
HOSP INPATIENT TOTAL	0	0	2,592.00CR		.00	.000		.00	
HSC HOSPITALS	0	0	.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00	
ACCOMMODATIONS	0	0	.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	
ANCILLARIES	0	0	.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0	2,592.00CR		.00	.000		.00	
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	1	19	217.86		11.47	19.000		217.86	
MEDICAL	0	0	.00		.00	.000		.00	
SURGERY	0	0	.00		.00	.000		.00	
PATHOLOGY	0	0	.00		.00	.000		.00	
RADIOLOGY	0	0	.00		.00	.000		.00	
ROOM USE	0	0	.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPINT	1	19	217.86		11.47	19.000		217.86	

@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00 \$	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REPORT	FOR JAN 20	05 THRU DEC	2005	PP
MOP024	FEE-FOR-SERVICE/DENTAL						

SANTA CRUZ COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

SANIA CRUZ COUNTI	SUMMARI OF SERVICES	FOR IN HOME	SUPPORT	AGED	AID CODE	10	
							THLY AVERAGE -
01 ELIGIBLES	USERS UNIT	S OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER C
	OR	DAYS OF CARE			PER UNIT/DAY		USER E
@COMMUNITY HOSPITAL TOTAL	1	19	\$	2,374.14CR	\$ 124.95CR	19.000 \$	2374.14CR\$
COMM HOSP INPATIENT TOTAL	0	0		2,592.00CR	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		2,592.00CR	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	1	19		217.86	11.47	19.000	217.86
MEDICAL	0	0		.00	.00	.000	.00
SURGERY	0	0		.00	.00	.000	.00
PATHOLOGY	0	0		.00	.00	.000	.00
RADIOLOGY	0	0		.00	.00	.000	.00
ROOM USE	0	0		.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	1	19		217.86	11.47	19.000	217.86
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00 \$
MENTALLY ILL	0	0		.00	.00	.000	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$	.00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000 \$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00
ICF DD	0	0		.00	.00	.000	.00

ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0	.00		.00	.000		.00	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	116	1,146 \$	128,545.16	\$	112.17	1146.000	\$	1108.15	\$12
CLINIC	0	0	.00		.00	.000		.00	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	116	1,146	128,545.16		112.17	1146.000		1108.15	12
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT	FOR JAN	2005 THRU	DEC	2005	PP
MOP024	FEE-FOR-SERVICE/I								
SANTA CRUZ COUNTY	SUMMARY OF SERVIC	CES FOR IN HOME SUPPO	RT - AGED		AID CODE				
								HLY AVERA	GE -
01 ELIGIBLES	USERS (	NITS OF SERVICE	EXPENDITURES			'UNITS/DAY		COST PER	C
		OR DAYS OF CARE			UNIT/DAY			USER	E
@ALL OTHER PROVIDERS	305	3,217 \$	127,991.07	\$	39.79		\$	419.64	\$12
DURABLE MED. EQUIP.	0	0	.00		.00	.000		.00	
BLOOD BANK	0	0	.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0	.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0	0	.00		.00	.000		.00	
AMBULANCES/AIR TRANS	0	0	.00		.00	.000		.00	
OTHER TRANS	0	0	.00		.00	.000		.00	
OTHER SERVICES	0	0	.00		.00	.000		.00	
ACUPUNCTURE	0	0	.00		.00	.000		.00	
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000		.00	

0

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74

2,420

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852.79

127,036.86

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467.05

26.65

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32

272

GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PHYSICAL THERAPIST

OPTICIAN

IHMC, MODEL-NF, NF, AIDS, MSSP

0	0		.00	.00	.000		.00
0	0		.00	.00	.000		.00
0	0		.00	.00	.000		.00
0	0		.00	.00	.000		.00
0	0		.00	.00	.000		.00
0	0		.00	.00	.000		.00
0	0		.00	.00	.000		.00
0	0		.00	.00	.000		.00
0	0		.00	.00	.000		.00
0	0		.00	.00	.000		.00
0	0		.00	.00	.000		.00
0	0		.00	.00	.000		.00
2	723		101.42	.14	723.000		50.71
0	0	\$	.00 \$	.00	.000	\$	.00 \$
2	20	\$	2,364.58CR \$	118.23CR	20.000	\$	1182.29CR\$
	0 0 0 0 0 0 0 0 0 0 0	0 0	0 \$	0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         2       723       101.42         0       \$       .00       \$	0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         2       723       101.42       .14         0       \$       .00       \$	0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0	0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .00         0       0

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

SANIA CROZ COUNTI	DOMMAN OF DER	ATCES LOK IN HOME SO	JEFORI - DHIND	AID CODE		
					MON	THLY AVERAGE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER E
@TOTAL, ALL PROVIDERS	10	36 \$	3,980.70	\$ 110.58	.000 \$	398.07 \$
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00 \$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00 \$

PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	2	11 \$	850.00	\$ 77.27	.000	\$ 425.00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	1	7	595.00	85.00	.000	595.00	
DRUGS	1	1	15.00	15.00	.000	15.00	
ANESTHESIA	1	1	100.00	100.00	.000	100.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	1	2	140.00	70.00	.000	140.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2005 THRU D	EC 2005	PA

FEE-FOR-SERVICE/DENTAL MOP024

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

SANTA CROZ COUNTI	DOMINAKT OF DEKAT	LCEO LOK IN HOME	DOFF			AID CODE	20				
							MO	ГИC	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	S	COST PER	C	
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		
EYE APPLIANCES	0	0		.00		.00	.000		.00		
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
VISITS	0	0		.00		.00	.000		.00		
OTHER SERVICES	0	0		.00		.00	.000		.00		
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		
SURGERY/ANES.	0	0		.00		.00	.000		.00		
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		
OTHER	0	0		.00		.00	.000		.00		
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		
MEDICAL	0	0		.00		.00	.000		.00		

SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	·
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REI	PORT FOR JAN 2	2005 THRU DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR	IN HOME SU	JPPORT - BLIND	AID CODE	28		
					MONT	THLY AVERAG	έE -
00 ELIGIBLES	USERS UNITS O	F SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
	OR DAY	S OF CARE		PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
MDANGIMIONAL ID GADD	^	^	0.0	0.0	0.00	0.0	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000 \$	.00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	

LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	
LEV B-REGULAR	0	Ö	.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0 \$		\$	.00	.000	Ś	.00	Ś
ICF DDH	0	0	.00	τ	.00	.000	т	.00	т
ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0 \$		\$	.00	.000	Ś		\$
HOSPITAL BASED	0	0	.00	τ	.00	.000	т	.00	т
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$		\$	.00	.000	Ś	.00	Ś
HOSPITAL BASED	0	0	.00	τ	.00	.000	т	.00	т
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	0	0 \$		\$	.00	.000	Ġ	.00	\$
PATHOLOGY	0	0	.00	7	.00	.000	т	.00	7
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	7	12 \$		\$	194.60	.000	Ś		\$
CLINIC	0	0	.00	7	.00	.000	т	.00	7
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	7	12	2,335.20		194.60	.000		333.60	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		MONTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/I								
SANTA CRUZ COUNTY		CES FOR IN HOME S	UPPORT - BLIND		AID CODE	28			
						M	ONTE	LY AVERA	GE -
00 ELIGIBLES	USERS (	JNITS OF SERVICE	EXPENDITURES	AVER	RAGE COST	UNITS/DAY	S (	COST PER	C
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	E
@ALL OTHER PROVIDERS	1	13 \$	795.50	\$	61.19	.000	\$	795.50	\$
DURABLE MED. EQUIP.	0	0	.00		.00	.000		.00	
BLOOD BANK	0	0	.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0	.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0	0	.00		.00	.000		.00	
AMBULANCES/AIR TRANS	0	0	.00		.00	.000		.00	
OTHER TRANS								.00	
OTHER SERVICES	0	0	.00		.00	.000		.00	
	0 0	0	.00		.00	.000		.00	
ACUPUNCTURE	0 0 0	0	.00						
ADULT DAY HEALTH CARE CTR	0 0 0 0	0	.00		.00	.000 .000 .000		.00	
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	0 0 0 0	0 0 0 0	.00 .00 .00		.00	.000 .000 .000		.00	
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP	0 0 0 0 0 1	0 0 0 0 13	.00 .00 .00 .00 795.50		.00 .00 .00 .00	.000 .000 .000 .000		.00 .00 .00 .00	
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST	0 0 0 0 0 1	0 0 0 0 13 0	.00 .00 .00 .00 795.50 .00		.00 .00 .00 .00 61.19	.000 .000 .000 .000 .000		.00 .00 .00 .00 795.50	
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	0 0	0 0 0 0 13 0	.00 .00 .00 .00 795.50 .00		.00 .00 .00 .00 61.19 .00	.000 .000 .000 .000 .000		.00 .00 .00 .00 795.50 .00	
ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST	0 0 0 0 0 1 0 0	0 0 0 0 13 0	.00 .00 .00 .00 795.50 .00		.00 .00 .00 .00 61.19	.000 .000 .000 .000 .000		.00 .00 .00 .00 795.50	

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PORTABLE X-RAY

PROSTHETICS

HOSPICE SERVICES

ORTHOTICS

PSYCHOLOGIST

PROSTHETIST/ORTHOTISTS

SPEECH AND AUDIOLOGY

NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

@CALIF. CHILDREN SERVICES*

ALL OTHER PROVIDERS

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

PA

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

					MON'	THLY AVERA	GE -
04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	371	7,523 \$	363,397.22	\$ 48.30	1880.750 \$	979.51	\$ 9
@PHYSICIANS SERVICES	2	3 \$	119.69	\$ 39.90	.750 \$	59.85	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	53.69	53.69	.250	53.69	
EXAMINATIONS	1	1	53.69	53.69	.250	53.69	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	

RADIOLOGY	0	0		0.0	0.0	0.00	0.0	
	0	0		.00	.00	.000	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	1	2		66.00	33.00	.500	66.00	
@PHARMACY	173	2,062	\$	180,060.72			\$ 1040.81	\$ 4
PRESCRIPTION DRUGS	165	365		179,899.81	492.88	91.250	1090.30	4
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	165	365		179,899.81	492.88	91.250	1090.30	4
MEDICAL SUPPLIES	8	1,697		160.91	.09	424.250	20.11	
@DENTIST	43	163	\$	4,002.00	\$ 24.55	40.750	\$ 93.07	\$
VISITS - DIAGNOSTIC	30	82		1,191.00	14.52	20.500	39.70	
ORAL SURGERY	7	15		550.00	36.67	3.750	78.57	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	3	3		200.00	66.67	.750	66.67	
PERIODONTICS	3	3		354.00	118.00	.750	118.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	7	43		917.00	21.33	10.750	131.00	
PROSTHETICS	2	2		60.00	30.00	.500	30.00	
DENTURES, STAYPLATES	3	7		730.00	104.29	1.750	243.33	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	1	8		.00	.00	2.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XDENDITII	RES MONTH-					PA
MOP024	FEE-FOR-SERVICE/DENTAL		TION III		OILI TOIL DAN	2000 111110	2000	<b>1</b> 1.
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR	ти ном	דק∩ססווף ד	- DISABLED	AID CODE	F 68		
DANTA CROZ COUNTI	DOFFINANT OF BERVICES FOR	C IIV HOM	1 DOLFORT	DIOMDED	AID CODI		ONTHLY AVERA	CF -
0.4 FT TGTPT FG	HATTA INITES (				***************************************	[v]		- 1102

04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		RAGE COST UNIT/DAY	UNITS/DAY PER ELIG		COST PER USER	C
@OPTOMETRIST	0	0	Ś	.00	\$	.00	.000		.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	т	.00	τ	.00	.000	т	.00	τ
EYE APPLIANCES	0	0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ś	.00	\$
VISITS	0	0	7	.00	7	.00	.000	т	.00	7
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0	•	.00	•	.00	.000	•	.00	•
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	2	5	\$	194.23	\$	38.85	1.250	\$	97.12	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	

ANCILLARIES	0		0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	2		5		194.23	38.85	1.250	97.12	
MEDICAL	0		0		.00	.00	.000	.00	
SURGERY	0		0		.00	.00	.000	.00	
PATHOLOGY	0		0		.00	.00	.000	.00	
RADIOLOGY	0		0		.00	.00	.000	.00	
ROOM USE	0		0		.00	.00	.000	.00	
	0		-						
CROSSOVERS/ALL OTH OUTPTNT	2		5	À	194.23	38.85	1.250	97.12	4
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$ .00	.000 \$		\$
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000	.00	
HSC HOSPITALS	0		0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00	
ACCOMMODATIONS	0		0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	
ALL OTHER ACCOM	0		0		.00	.00	.000	.00	
ANCILLARIES	0		0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00	
MEDICAL	0		0		.00	.00	.000	.00	
	0		0						
SURGERY	0		0		.00	.00	.000	.00	
PATHOLOGY	0		0		.00	.00	.000	.00	
RADIOLOGY	O		0		.00	.00	.000	.00	
ROOM USE	0		0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0		Λ		.00	.00	.000	.00	
			O						
	MEDI-CAL SERVI		DITURE	S MONTH					PA
			DITURE	S MONTH		EPORT FOR JAN	2005 THRU DE		PA
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CE/DENTAL			-OF-PAYMENT RE		2005 THRU DE		PA
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVI FEE-FOR-SERVI	CE/DENTAL			-OF-PAYMENT RE	EPORT FOR JAN	2005 THRU DE	C 2005	
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER	CE/DENTAL RVICES FOR IN	I HOME	SUPPORT	-OF-PAYMENT RE	EPORT FOR JAN AID CODE	2005 THRU DE 68 MON	C 2005 THLY AVERA	
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVI FEE-FOR-SERVI	CE/DENTAL RVICES FOR IN UNITS OF SE	HOME RVICE	SUPPORT	-OF-PAYMENT RE	EPORT FOR JAN  AID CODE  AVERAGE COST	2005 THRU DE 68 MON UNITS/DAYS	C 2005 THLY AVERA COST PER	.GE -
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  04 ELIGIBLES	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	CE/DENTAL RVICES FOR IN	N HOME ERVICE F CARE	SUPPORT	-OF-PAYMENT RE - DISABLED EXPENDITURES	EPORT FOR JAN  AID CODE  AVERAGE COST  PER UNIT/DAY	2005 THRU DE 68 MON UNITS/DAYS PER ELIG	C 2005  THLY AVERA  COST PER  USER	.GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  04 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	CE/DENTAL RVICES FOR IN UNITS OF SE	N HOME ERVICE CARE 5	SUPPORT	-OF-PAYMENT RE - DISABLED EXPENDITURES 194.23	AID CODE  AVERAGE COST PER UNIT/DAY \$ 38.85	2005 THRU DE 68 MON UNITS/DAYS PER ELIG 1.250 \$	C 2005  THLY AVERA  COST PER  USER  97.12	.GE - C
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  04 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	CE/DENTAL RVICES FOR IN UNITS OF SE	N HOME ERVICE F CARE	SUPPORT	-OF-PAYMENT RE - DISABLED EXPENDITURES  194.23 .00	AID CODE  AVERAGE COST PER UNIT/DAY \$ 38.85 .00	2005 THRU DE 68 MON UNITS/DAYS PER ELIG 1.250 \$ .000	C 2005  THLY AVERA COST PER USER 97.12 .00	.GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  04 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	CE/DENTAL RVICES FOR IN UNITS OF SE	N HOME ERVICE CARE 5	SUPPORT	-OF-PAYMENT RE - DISABLED EXPENDITURES  194.23 .00 .00	AID CODE  AVERAGE COST PER UNIT/DAY \$ 38.85 .00 .00	2005 THRU DE 68 MON UNITS/DAYS PER ELIG 1.250 \$ .000 .000	C 2005  THLY AVERA COST PER USER 97.12 .00 .00	.GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  04 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	CE/DENTAL RVICES FOR IN UNITS OF SE	N HOME ERVICE CARE 5	SUPPORT	- OF-PAYMENT RE - DISABLED EXPENDITURES  194.23 .00 .00 .00	AID CODE  AVERAGE COST PER UNIT/DAY \$ 38.85 .00 .00 .00	2005 THRU DE 68 MON UNITS/DAYS PER ELIG 1.250 \$ .000 .000 .000	C 2005  THLY AVERA COST PER USER 97.12 .00 .00	.GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  04 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	CE/DENTAL RVICES FOR IN UNITS OF SE	N HOME ERVICE CARE 5	SUPPORT	-OF-PAYMENT RE - DISABLED  EXPENDITURES  194.23 .00 .00 .00 .00	AID CODE  AVERAGE COST PER UNIT/DAY \$ 38.85 .00 .00 .00 .00	2005 THRU DE 68 MON UNITS/DAYS PER ELIG 1.250 \$ .000 .000 .000 .000	C 2005  THLY AVERA COST PER USER 97.12 .00 .00 .00	.GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  04 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	CE/DENTAL RVICES FOR IN UNITS OF SE	N HOME ERVICE CARE 5	SUPPORT	-OF-PAYMENT RE - DISABLED  EXPENDITURES  194.23 .00 .00 .00 .00 .00	AID CODE  AVERAGE COST PER UNIT/DAY \$ 38.85 .00 .00 .00 .00 .00	2005 THRU DE 68 MON UNITS/DAYS PER ELIG 1.250 \$ .000 .000 .000 .000	C 2005  THLY AVERA COST PER USER 97.12 .00 .00 .00 .00	.GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  04 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	CE/DENTAL RVICES FOR IN UNITS OF SE	N HOME ERVICE CARE 5	SUPPORT	-OF-PAYMENT RE - DISABLED  EXPENDITURES  194.23 .00 .00 .00 .00 .00 .00	AID CODE  AVERAGE COST PER UNIT/DAY \$ 38.85 .00 .00 .00 .00 .00 .00	2005 THRU DE 68 MON UNITS/DAYS PER ELIG 1.250 \$ .000 .000 .000 .000 .000	C 2005  THLY AVERA COST PER USER 97.12 .00 .00 .00 .00 .00	.GE - C E
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#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  04 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	CE/DENTAL RVICES FOR IN UNITS OF SE	N HOME ERVICE CARE 5	SUPPORT	-OF-PAYMENT RE - DISABLED  EXPENDITURES  194.23 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE  AVERAGE COST PER UNIT/DAY \$ 38.85 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2005 THRU DE  68 MON UNITS/DAYS PER ELIG 1.250 \$ .000 .000 .000 .000 .000 .000 .000 .	C 2005  THLY AVERA  COST PER  USER  97.12 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  04 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER USERS	CE/DENTAL RVICES FOR IN UNITS OF SE	N HOME ERVICE CARE 5 0 0 0 0 0 0 0 0 0	SUPPORT	-OF-PAYMENT RE - DISABLED  EXPENDITURES  194.23 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE  AVERAGE COST PER UNIT/DAY \$ 38.85 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2005 THRU DE  68 MON UNITS/DAYS PER ELIG 1.250 \$ .000 .000 .000 .000 .000 .000 .000 .	C 2005  THLY AVERA  COST PER  USER  97.12  .00  .00  .00  .00  .00  .00  .00	.GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  04 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE OF	CE/DENTAL RVICES FOR IN UNITS OF SE	N HOME ERVICE CARE 5 0 0 0 0 0 0 0 0 0 5	SUPPORT	-OF-PAYMENT RE - DISABLED  EXPENDITURES  194.23 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE  AVERAGE COST PER UNIT/DAY \$ 38.85 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2005 THRU DE  68 MON UNITS/DAYS PER ELIG 1.250 \$ .000 .000 .000 .000 .000 .000 .000 .	C 2005  THLY AVERA COST PER USER 97.12 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
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#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  04 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE OF	CE/DENTAL RVICES FOR IN UNITS OF SE	D HOME ERVICE F CARE 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SUPPORT	-OF-PAYMENT RE - DISABLED  EXPENDITURES  194.23 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE  AVERAGE COST PER UNIT/DAY \$ 38.85 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2005 THRU DE  68 MON UNITS/DAYS PER ELIG 1.250 \$ .000 .000 .000 .000 .000 .000 .000 .	C 2005  THLY AVERA COST PER USER 97.12 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  04 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE OF	CE/DENTAL RVICES FOR IN UNITS OF SE	D HOME ERVICE F CARE 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SUPPORT	-OF-PAYMENT RE - DISABLED  EXPENDITURES  194.23 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE  AVERAGE COST PER UNIT/DAY \$ 38.85 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2005 THRU DE  68 MON UNITS/DAYS PER ELIG 1.250 \$ .000 .000 .000 .000 .000 .000 .000 .	C 2005  THLY AVERA COST PER USER 97.12 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
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#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  04 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERVICE OF	CE/DENTAL RVICES FOR IN UNITS OF SE	N HOME ERVICE F CARE 5 0 0 0 0 0 0 0 0 0 0 0 5 0 0 0 5 0 0	SUPPORT	-OF-PAYMENT RE - DISABLED  EXPENDITURES  194.23 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AID CODE  AVERAGE COST PER UNIT/DAY \$ 38.85 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	2005 THRU DE  68 MON UNITS/DAYS PER ELIG 1.250 \$ .000 .000 .000 .000 .000 .000 .000 .	C 2005  THLY AVERA COST PER USER 97.12 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C E \$
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ANCILLARIES

					_					
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0					.000			
	0	•		.00		.00		_	.00	_
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ş	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	\$
HOSPITAL BASED	0	0	т	.00	т	.00	.000	т	.00	т
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
	0		4		4			4		Å
@REHABILITATION FACILITY	4	108	\$	1,488.39	\$	13.78	27.000	Ş	372.10	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	4	108		1,488.39		13.78	27.000		372.10	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0	·	.00	•	.00	.000	•	.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
	100		4		d			4		
@ORGANIZED OUTPATIENT CLINIC		536	\$	70,639.39	\$	131.79	134.000	Þ	706.39	\$ 1
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	100	536		70,639.39		131.79	134.000		706.39	1
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERV	TCES AND EXPENDIT	TIRES I	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2005 THRU	DEC	2005	PΑ
MOP024	FEE-FOR-SERVI		. OICEO			1011 0111 2	1005 111110	220	2003	
SANTA CRUZ COUNTY			~			~				
				DDCDT _ DTCXDIED			60			
SANTA CROZ COUNTI	SUMMARY OF SE	RVICES FOR IN HO	ME SU.	PPORT - DISABLED		AID CODE			מרוייו א זויי	CE.
							M		HLY AVERA	
04 ELIGIBLES	USERS	UNITS OF SERVI	CE	PPORT - DISABLED  EXPENDITURES		RAGE COST	UNITS/DAY	S	COST PER	GE - C
	USERS	UNITS OF SERVI OR DAYS OF CA	CE	EXPENDITURES		RAGE COST UNIT/DAY	UNITS/DAY	S ;	COST PER USER	C E
		UNITS OF SERVI	CE			RAGE COST	UNITS/DAY	S ;	COST PER USER	
04 ELIGIBLES @ALL OTHER PROVIDERS	USERS	UNITS OF SERVI OR DAYS OF CA	CE ARE	EXPENDITURES	PER	RAGE COST UNIT/DAY 23.01	UNITS/DAY PER ELIG	S ;	COST PER USER 1505.53	C E
04 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	USERS 71 1	UNITS OF SERVI OR DAYS OF CA 4,646 4	CE ARE	EXPENDITURES 106,892.80 290.42	PER	RAGE COST UNIT/DAY 23.01 72.61	UNITS/DAY PER ELIC 1161.500 1.000	S ;	COST PER USER 1505.53 290.42	C E
04 ELIGIBLES  @ALL OTHER PROVIDERS  DURABLE MED. EQUIP.  BLOOD BANK	USERS 71 1 0	UNITS OF SERVI OR DAYS OF CA 4,646 4 0	CE ARE	EXPENDITURES 106,892.80 290.42 .00	PER	RAGE COST UNIT/DAY 23.01 72.61 .00	UNITS/DAY PER ELIG 1161.500 1.000 .000	S ;	COST PER USER 1505.53 290.42 .00	C E
04 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	USERS 71 1	UNITS OF SERVI OR DAYS OF CA 4,646 4 0 0	CE ARE	EXPENDITURES 106,892.80 290.42 .00 .00	PER	RAGE COST UNIT/DAY 23.01 72.61 .00	UNITS/DAY PER ELIC 1161.500 1.000 .000 .000	S ;	COST PER USER 1505.53 290.42 .00	C E
04 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	USERS 71 1 0	UNITS OF SERVI OR DAYS OF CA 4,646 4 0 0	CE ARE	EXPENDITURES 106,892.80 290.42 .00 .00	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00	UNITS/DAY PER ELIC 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00	C E
04 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	USERS 71 1 0	UNITS OF SERVI OR DAYS OF CA 4,646 4 0 0 0	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00	UNITS/DAY PER ELIC 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00 .00	C E
04 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	USERS 71 1 0	UNITS OF SERVI OR DAYS OF CA 4,646 4 0 0 0 0	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00 .00	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00	UNITS/DAY PER ELIC 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00	C E
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04 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	USERS 71 1 0	UNITS OF SERVI OR DAYS OF CA 4,646 4 0 0 0 0 0	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00 .00 .00 .00 .00 .00	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00 .00 .00 .00	UNITS/DAY PER ELIC 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00 .00 .00 .00	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	USERS 71 1 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVI OR DAYS OF CA 4,646 4 0 0 0 0 0 0 0 0 0	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00 .00 .00 .00	UNITS/DAY PER ELIC 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C F \$ 2
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	USERS 71 1 0 0 0 0 0 0 0 0 0 36	UNITS OF SERVI OR DAYS OF CA 4,646 4 0 0 0 0 0 0 0 0	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00 .00 .00 .00 .00 .00	UNITS/DAY PER ELIC 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS 71 1 0 0 0 0 0 0 0 0 36 0	UNITS OF SERVI OR DAYS OF CA 4,646 4 0 0 0 0 0 0 0 0 0 0	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00 .00 .00 .00 .00 .00 .00	MUNITS/DAY PER ELIC 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C F \$ 2
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	USERS 71 1 0 0 0 0 0 0 0 0 36 0 28	UNITS OF SERVI OR DAYS OF CA 4,646 4 0 0 0 0 0 0 0 0	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MUNITS/DAY PER ELIC 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C F \$ 2
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	USERS 71 1 0 0 0 0 0 0 0 0 36 0	UNITS OF SERVI OR DAYS OF CA 4,646 4 0 0 0 0 0 0 0 0 0 0	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00 .00 .00 .00 .00 .00 .00	MUNITS/DAY PER ELIC 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C F \$ 2
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	USERS 71 1 0 0 0 0 0 0 0 0 36 0 28	UNITS OF SERVI OR DAYS OF CA 4,646 4 0 0 0 0 0 0 0 0 0 0 2,632 0 69	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MUNITS/DAY PER ELIC 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C F \$ 2
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	USERS 71 1 0 0 0 0 0 0 0 0 36 0 28	UNITS OF SERVI OR DAYS OF CA 4,646 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIC 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C F \$ 2
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	USERS 71 1 0 0 0 0 0 0 0 0 36 0 28	UNITS OF SERVI OR DAYS OF CA 4,646 4 0 0 0 0 0 0 0 0 0 2,632 0 69 0	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIC 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .2856.06 .00 .25.24 .00 .00 .00 .00	C F \$ 2
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	USERS 71 1 0 0 0 0 0 0 0 36 0 28 0 0 0 0	UNITS OF SERVI OR DAYS OF CA 4,646  0 0 0 0 0 0 0 2,632 0 69 0 0 0 0	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIC 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00 .00 .00 .00 .00 .00 .25.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C F \$ 2
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	USERS 71 1 0 0 0 0 0 0 0 0 36 0 28 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVI OR DAYS OF CA 4,646  4 0 0 0 0 0 0 2,632 0 69 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIC 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00 .00 .00 .00 .00 .00 .2856.06 .00 .25.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C F \$ 2
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	USERS 71 1 0 0 0 0 0 0 0 36 0 28 0 0 0 0	UNITS OF SERVI OR DAYS OF CA 4,646  4 0 0 0 0 0 0 0 2,632 0 69 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/DAY PER ELIC 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00 .00 .00 .00 .00 .00 .2856.06 .00 .25.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C F \$ 2
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS 71 1 0 0 0 0 0 0 0 0 36 0 28 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVI OR DAYS OF CA 4,646  4 0 0 0 0 0 0 0 2,632 0 69 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MUNITS/DAY PER ELIG 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C F \$ 2
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	USERS 71 1 0 0 0 0 0 0 0 0 36 0 28 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVI OR DAYS OF CA 4,646  4 0 0 0 0 0 0 0 2,632 0 69 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MUNITS/DAY PER ELIC 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00 .00 .00 .00 .00 .00 .2856.06 .00 .25.24 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C F \$ 2
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY	USERS 71 1 0 0 0 0 0 0 0 0 36 0 28 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVI OR DAYS OF CA 4,646  4 0 0 0 0 0 0 0 2,632 0 69 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MUNITS/DAY PER ELIG 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C F \$ 2
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES	USERS 71 1 0 0 0 0 0 0 0 0 0 36 0 28 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVI OR DAYS OF CA 4,646  4 0 0 0 0 0 0 0 2,632 0 69 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE ARE	EXPENDITURES  106,892.80 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PER	RAGE COST UNIT/DAY 23.01 72.61 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MUNITS/DAY PER ELIC 1161.500	S ;	COST PER USER 1505.53 290.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	C F \$ 2

EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	7	1,941	3,077.54	1.59	485.250	439.65	
@CALIF. CHILDREN SERVICES*	8	124	\$ 5,005.95	\$ 40.37	31.000	\$ 625.74	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

BINVIII CROZ COONTI	BOTHWINET OF BEILT	TOLO TOR IN HOME	DOLL	JK1 1017III			M	тис	HIV AVERA	GE -
05 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER	C
00 22101222	022112	OR DAYS OF CARE					PER ELIG		USER	Ē
@TOTAL, ALL PROVIDERS	848	12,901	\$	651,132.56	\$	50.47	2580.200		767.85	\$13
@PHYSICIANS SERVICES	2	3	\$	119.69	\$	39.90	.600		59.85	\$
OUTPATIENT VISITS	0	0	т	.00	т	.00	.000	т	.00	τ
OFFICE VISITS	0	0		.00		.00	.000		.00	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	0	0		.00		.00	.000		.00	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	
INPATIENT VISITS	0	0		.00		.00	.000		.00	
HOSPITAL VISITS	0	0		.00		.00	.000		.00	
CRITICAL CARE	0	0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	1	1		53.69		53.69	.200		53.69	
EXAMINATIONS	_ 1	_ 1		53.69		53.69	.200		53.69	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	1	2		66.00		33.00	.400		66.00	
@PHARMACY	250	2,833	\$	200,447.87	\$	70.75	566.600	\$	801.79	\$ 4
PRESCRIPTION DRUGS	240	487		200,179.93		411.05	97.400		834.08	4
SNF/ICF	1	5		153.20		30.64	1.000		153.20	
OUTPATIENTS	239	482		200,026.73		414.99	96.400		836.93	4
MEDICAL SUPPLIES	10	2,346		267.94		.11	469.200		26.79	
@DENTIST	90	363	\$	14,057.40	\$	38.73	72.600	\$	156.19	\$
VISITS - DIAGNOSTIC	65	175		2,429.40		13.88	35.000		37.38	
ORAL SURGERY	16	73		4,342.00		59.48	14.600		271.38	
DRUGS	1	1		15.00		15.00	.200		15.00	
ANESTHESIA	7	7		700.00		100.00	1.400		100.00	

PERIODONTICS	3	3	354.00	118.00	.600	118.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	15	66	1,857.00	28.14	13.200	123.80
PROSTHETICS	2	2	60.00	30.00	.400	30.00
DENTURES, STAYPLATES	12	26	4,300.00	165.38	5.200	358.33
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	3	10	.00	.00	2.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DE	C 2005

CALLF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND E MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY

SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

SANIA CROZ COUNTI	DOMINAKI OF DEK	ATCED LOW IN	4 11O1111	DOLLOR	TATOLAL							
								M	CNO	THLY AVERA	GE.	-
05 ELIGIBLES	USERS	UNITS OF SE	ERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		C
		OR DAYS OF	CARE				UNIT/DAY	PER ELIG		USER		E
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
DIAGNOSTIC AND ANC. PROCED	0		0	'	.00	•	.00	.000	•	.00		
EYE APPLIANCES	0		0		.00		.00	.000		.00		
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		
@CHIROPRACTOR	0		0	S	.00	\$	.00	.000	Ġ	.00	Ś	
VISITS	0		0	7	.00	т.	.00	.000	т	.00	т	
OTHER SERVICES	0		0		.00		.00	.000		.00		
@PODIATRIST	0		0	S	.00	\$	.00	.000	Ġ	.00	Ś	
MEDICINE/INJECTIONS	0		0	7	.00	7	.00	.000	т.	.00	т	
SURGERY/ANES.	0		0		.00		.00	.000		.00		
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		
OTHER	0		0		.00		.00	.000		.00		
@HOME HEALTH AGENCY	0		0	S	.00	Ġ	.00	.000	Ġ	.00	Ś	
NURSE ANESTHESIST	0		0	\$	.00	Š	.00	.000	Š	.00	Š	
NURSE MIDWIFE	0		0	\$	.00	Š	.00	.000	Š	.00	Š	
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	Š	.00	.000	Š	.00	Š	
FAMILY NURSE PRACTITIONER	0		0	Š	.00	Š	.00	.000	Š	.00	Š	
@TOTAL HOSPITAL	3		24	Š	2,179.91CR	Š	90.83CR	4.800	Š	726.64C	RS.	
HOSP INPATIENT TOTAL	0		0	т	2,592.00CR	т	.00	.000	~	.00		
HSC HOSPITALS	n		0		.00		.00	.000		.00		
1100 11001 1111110	•		•									

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	2,592.00CR	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	3	24	412.09	17.17	4.800	137.36	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	3	24	412.09	17.17	4.800	137.36	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DE	C 2005	PA
MOP024	FEE-FOR-SERVICE/DENTA	L					

05 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 4.800 \$ @COMMUNITY HOSPITAL TOTAL 3 2,179.91CR \$ 90.83CR 726.64CR\$ 24 COMM HOSP INPATIENT TOTAL 0 0 2,592.00CR .00 .000 .00 .00 HSC HOSPITALS .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .000 TRANSITIONAL IP CARE .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .000 .00 ANCILLARIES .00 INPATIENT CROSSOVERS 2,592.00CR .00 .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 412.09 17.17 4.800 137.36 24 MEDICAL 0 .00 .00 .000 .00 SURGERY 0 .00 .00 .000 .00 .00 .00 .000 .00 PATHOLOGY

.00

.00

.000

----- MONTHLY AVERAGE -

.00

SUMMARY OF SERVICES FOR IN HOME SUPPORT - TOTAL

SANTA CRUZ COUNTY

RADIOLOGY

ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	3	24		412.09		17.17	4.800		137.36	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	4	108	\$	1,488.39	\$	13.78	21.600	\$	372.10	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	4	108		1,488.39		13.78	21.600		372.10	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	223	1,694	\$	201,519.75	\$	118.96	338.800	\$	903.68	\$ 4
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	223	1,694		201,519.75		118.96	338.800		903.68	4
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES MO	ONTH-OF-PAYMENT RE	EPORT	' FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVIC	E/DENTAL								
SANTA CRUZ COUNTY	SUMMARY OF SER	VICES FOR IN HOM	E SUPE	PORT - TOTAL						
							M	[TMO]	HLY AVERA	GE -
05 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES			UNITS/DAY		COST PER	C
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	ļ	USER	E
@ALL OTHER PROVIDERS	377	7,876	\$	235,679.37	\$	29.92	1575.200	\$	625.14	\$ 4
DURABLE MED. EQUIP.	1	4		290.42		72.61	.800		290.42	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00	
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00	

05 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	377	7,876	\$ 235,679.37	\$ 29.92	1575.200 \$	625.14	\$ 4
DURABLE MED. EQUIP.	1	4	290.42	72.61	.800	290.42	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	309	5,065	230,650.59	45.54	1013.000	746.44	4
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	60	143	1,559.40	10.90	28.600	25.99	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	

PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	9	2,664	3,178.96	1.19	532.800	353.22
@CALIF. CHILDREN SERVICES*	8	124	\$ 5,005.95 \$	40.37	24.800	\$ 625.74 \$
@XOVER EXCLUDING STATE HOSP**	2	20	\$ 2,364.58CR \$	118.23CR	4.000	\$ 1182.29CR\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

						MONTHLY AVERAGE -						
57 ELIGIBLES	USERS			EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER	C		
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E		
@TOTAL, ALL PROVIDERS	3,144	29,617	\$	1,485,168.60	\$	50.15	519.596	\$	472.38	\$ 2		
@PHYSICIANS SERVICES	23	30	\$	570.73	\$	19.02	.526	\$	24.81	\$		
OUTPATIENT VISITS	0	0		.00		.00	.000		.00			
OFFICE VISITS	0	0		.00		.00	.000		.00			
HOME VISITS	0	0		.00		.00	.000		.00			
EMERGENCY ROOM	0	0		.00		.00	.000		.00			
PREVENTIVE CARE	0	0		.00		.00	.000		.00			
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00			
OTHER OUTPATIENT	0	0		.00		.00	.000		.00			
INPATIENT VISITS	0	0		.00		.00	.000		.00			
HOSPITAL VISITS	0	0		.00		.00	.000		.00			
CRITICAL CARE	0	0		.00		.00	.000		.00			
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00			
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00			
EXAMINATIONS	0	0		.00		.00	.000		.00			
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00			
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00			
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00			
ASSISTANT SURGEON	0	0		.00		.00	.000		.00			
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00			
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00			
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00			
ASSISTANT SURGEON	0	0		.00		.00	.000		.00			
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00			
DIALYSIS	0	0		.00		.00	.000		.00			
PATHOLOGY	0	0		.00		.00	.000		.00			
RADIOLOGY	0	0		.00		.00	.000		.00			
PSYCHIATRY	0	0		.00		.00	.000		.00			
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00			
OTHER SERVICES/ALL X-OVERS	23	30		570.73		19.02	.526		24.81			
@PHARMACY	583	11,515	\$	164,834.81	\$	14.31	202.018	\$	282.74	\$		
PRESCRIPTION DRUGS	571	888		163,469.02		184.09	15.579		286.29			
SNF/ICF	111	162		33,137.60		204.55	2.842		298.54			
OUTPATIENTS	463	726		130,331.42		179.52	12.737		281.49			
MEDICAL SUPPLIES	14	10,627		1,365.79		.13	186.439		97.56			

@DENTIST	542	2,209 \$	89,634.70	40.58	38.754	\$ 165.38	\$
VISITS - DIAGNOSTIC	404	1,366	15,459.45	11.32	23.965	38.27	
ORAL SURGERY	94	332	16,361.50	49.28	5.825	174.06	
DRUGS	1	1	15.00	15.00	.018	15.00	
ANESTHESIA	24	24	2,300.00	95.83	.421	95.83	
PERIODONTICS	28	28	2,841.00	101.46	.491	101.46	
ENDODONTICS	22	31	7,105.00	229.19	.544	322.95	
RESTORATIVE DENTISTRY	92	181	11,519.00	63.64	3.175	125.21	
PROSTHETICS	6	6	200.00	33.33	.105	33.33	
DENTURES, STAYPLATES	79	197	33,833.75	171.74	3.456	428.28	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	33	43	.00	.00	.754	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN	2005 THRU	DEC 2005	PΑ

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMM

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

----- MONTHLY AVERAGE 57 ELIGIBLES UNITS OF SERVICE **USERS** EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @OPTOMETRIST 17 299.70 17.63 .298 \$ 42.81 \$ 3 18.49 .053 18.49 DIAGNOSTIC AND ANC. PROCED 55.46 17.45 48.85 EYE APPLIANCES 14 244.24 .246 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 @CHIROPRACTOR .00 .00 .000 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .000 @PODIATRIST .00 .00 .00 .000 MEDICINE/INJECTIONS .00 .00 SURGERY/ANES. 0 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 OTHER 0 .00 .00 .000 .00 @HOME HEALTH AGENCY 0 .00 .00 .000 .00 NURSE ANESTHESIST .00 .00 .000 .00 .00 .00 .000 NURSE MIDWIFE \$ .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 FAMILY NURSE PRACTITIONER .00 Ś .00 .000 Ś .00 @TOTAL HOSPITAL 10,125.23CR \$ 349.15CR .509 2025.05CR\$ 10,620.00CR .00 HOSP INPATIENT TOTAL .000 HSC HOSPITALS 0 .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .000 ADMINISTRATIVE DAYS .00 . 00 .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .000 ALL OTHER ACCOM .00 .00 ANCILLARIES .00 .000 .00 .00 INPATIENT CROSSOVERS 10,620.00CR .00 .000 .00 ALL OTHER INPATIENT 0 .00 .00 .000 .00 HOSP OUTPATIENT TOTAL 494.77 17.06 .509 98.95 MEDICAL .00 .00 .000 .00 SURGERY .00 .00 .000 .00 .00 .000 PATHOLOGY .00 .00 RADIOLOGY .00 .00 .000 .00 ROOM USE .00 .00 .000 .00

CROSSOVERS/ALL OTH OUTPTNT	5	29	494.77	17.06	.509	98.95	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00 \$	ž
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI		MONTH-OF-PAYMENT R	EPORT FOR JAN	2005 THRU D	EC 2005	PP
MOP024	FEE-FOR-SERVICE/DENTA	AL					

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					MON'	THLY AVERAGE	-
57 ELIGIBLES	USERS UNITS (	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
	OR DAT	YS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	5	29 \$	10,125.23CR	\$ 349.15CR	.509 \$	2025.05CR\$	
COMM HOSP INPATIENT TOTAL	0	0	10,620.00CR	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	10,620.00CR	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	

COMM HOSP OUTPATIENT TOTAL	5	29		494.//		17.06	.509		98.95	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	5	29		494.77		17.06	.509		98.95	
@STATE HOSPITAL	0	0	\$	.00	Ś	.00	.000	\$	.00	\$
MENTALLY ILL	0	0	۲	.00	۲	.00	.000	۲	.00	۲
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	5	62	۲.		۲.			۲.		Ċ.
	0		\$	9,260.32	Ş	149.36	1.088	\$	1852.06	Ą
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	5	62		9,260.32		149.36	1.088		1852.06	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	· ·
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	7	.00	т.	.00	.000	т	.00	т
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0	۲	.00	۲	.00	.000	Υ	.00	۲
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	932	·	بع	773,138.90	بع	118.51	114.456	بع	829.55	ė 1
CLINIC CLINIC	932	6,524	Ą	•	Ą		.000	Ą		\$ 1
		0		.00		.00			.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	_
RURAL HEALTH CLINIC	932	6,524		773,138.90		118.51	114.456		829.55	_1
			RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2005 THRU	DEC	2005	PA
	FEE-FOR-SERVICE/									
SANTA CRUZ COUNTY S	SUMMARY OF SERVI	CES FOR PUBLIC	ASSI	STANCE - AGED						
							M			AGE -
57 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S	COST PER	C
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER	E
@ALL OTHER PROVIDERS	1,359	9,231	\$	457,554.67	\$	49.57	161.947	\$	336.68	\$
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00	
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00	
OTHER TRANS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
ACUPUNCTURE	0	0		.00		.00	.000		.00	
ADULT DAY HEALTH CARE CTR	9	59		4,126.10		69.93	1.035		458.46	
GENETIC DISEASE TESTING	0	0		4,126.10		.00	.000		.00	
	960	•		443,000.07		58.75			461.46	
IHMC,MODEL-NF,NF,AIDS,MSSP OCCUPATIONAL THERAPIST	960	7,541 0		.00		.00	132.298		.00	
OCCUPATIONAL THERAPIST	202	0.01		.00		.00	15 622		.00	

891

9,991.64

11.21

15.632

26.09

29

17.06

494.77

.509

98.95

5

383

COMM HOSP OUTPATIENT TOTAL

OPTICIAN

PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	1	4	174.31	43.58	.070	174.31
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	14	736	262.55	.36	12.912	18.75
@CALIF. CHILDREN SERVICES*	1	16	\$ 1,705.28 \$	106.58	.281 \$	1705.28 \$
@XOVER EXCLUDING STATE HOSP**	45	88	\$ 7,703.41CR \$	87.54CR	1.544 \$	171.19CR\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

---- MONTHLY AVERAGE -

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND SANTA CRUZ COUNTY

					MON'.	THLY AVERA	GE -
03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	C
@TOTAL, ALL PROVIDERS	360	39,364 \$	518,108.09		3121.333 \$		\$17
@PHYSICIANS SERVICES	11	21	4,163.56	•	7.000 \$		
OUTPATIENT VISITS	6	6	638.45		2.000	106.41	۲
OFFICE VISITS	3	3	328.05	109.35			
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	2	2	246.47	123.24	.667	123.24	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	1	1	63.93	63.93	.333	63.93	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1	25.96	25.96	.333	25.96	
EXAMINATIONS	1	1	25.96	25.96	.333	25.96	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	1	2	2,783.61	1391.81	.667	2783.61	
PRINCIPAL SURGEON	1	2	2,783.61	1391.81	.667	2783.61	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	3	7	97.85	13.98	2.333	32.62	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	2	5	617.69	123.54	1.667	308.85	

@PHARMACY	82	1,205	\$	30,479.15	\$ 25.29	401.667	\$	371.70	\$ 1
PRESCRIPTION DRUGS	77	142		28,501.94	200.72	47.333		370.16	
SNF/ICF	9	11		1,478.66	134.42	3.667		164.30	
OUTPATIENTS	68	131		27,023.28	206.28	43.667		397.40	
MEDICAL SUPPLIES	13	1,063		1,977.21	1.86	354.333		152.09	
@DENTIST	56	213	\$	8,552.45	\$ 40.15	71.000	\$	152.72	\$
VISITS - DIAGNOSTIC	37	139		2,043.30	14.70	46.333		55.22	
ORAL SURGERY	4	22		1,703.00	77.41	7.333		425.75	
DRUGS	1	1		15.00	15.00	.333		15.00	
ANESTHESIA	1	1		100.00	100.00	.333		100.00	
PERIODONTICS	1	1		.00	.00	.333		.00	
ENDODONTICS	0	0		.00	.00	.000		.00	
RESTORATIVE DENTISTRY	13	27		886.15	32.82	9.000		68.17	
PROSTHETICS	0	0		.00	.00	.000		.00	
DENTURES, STAYPLATES	10	18		3,805.00	211.39	6.000		380.50	
SPACE MAINTAINERS	0	0		.00	.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00	
ORTHODONTIC SERVICES	1	1		.00	.00	.333		.00	
ALL OTHER SERVICES	2	3		.00	.00	1.000		.00	
LOYLED DEDE OF HEATERS CEDS!	MEDT ON CEDITORS	NTD TITTTTTTT	DDG MA	NULL OF DATEMENT DE	DOD TAXE	OOOE MIIDII	חח	0005	T 7

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

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			_		 		THLY AVERA	GE -	
03 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	ERAGE COST	,	COST PER	<u>_</u>	
		OR DAYS OF CAR	E .		R UNIT/DAY	PER ELIG	USER	. E	
@OPTOMETRIST	1	3	\$	42.85	\$ 14.28	1.000	\$	\$	
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		
EYE APPLIANCES	1	3		42.85	14.28	1.000	42.85		
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
VISITS	0	0		.00	.00	.000	.00		
OTHER SERVICES	0	0		.00	.00	.000	.00		
@PODIATRIST	1	1	\$	2.88	\$ 2.88	.333	\$ 2.88	\$	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		
SURGERY/ANES.	0	0		.00	.00	.000	.00		
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		
OTHER	1	1		2.88	2.88	.333	2.88		
@HOME HEALTH AGENCY	1	5	\$	329.57	\$ 65.91	1.667	\$ 329.57	\$	
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$	
@TOTAL HOSPITAL	6	23	\$	27,550.56	\$ 1197.85	7.667	\$ 4591.76	\$	
HOSP INPATIENT TOTAL	1	4		27,216.32	6804.08	1.333	27216.32		
HSC HOSPITALS	0	0		.00	.00	.000	.00		
NON-HSC HOSPITAL TOTAL	1	4		27,216.32	6804.08	1.333	27216.32		
ACCOMMODATIONS	1	4		3,066.88	766.72	1.333	3066.88		
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		
ALL OTHER ACCOM	1	4		3,066.88	766.72	1.333	3066.88		
ANCILLARIES	1	0		24,149.44	.00	.000	24149.44		
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		
HOSP OUTPATIENT TOTAL	5	19		334.24	17.59	6.333	66.85		

MEDICAL	1	1	57.11	57.11	.333	57.11	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	3	11	144.07	13.10	3.667	48.02	
RADIOLOGY	1	1	18.71	18.71	.333	18.71	
ROOM USE	3	5	98.87	19.77	1.667	32.96	
CROSSOVERS/ALL OTH OUTPTNT	1	1	15.48	15.48	.333	15.48	
@COUNTY HOSPITAL TOTAL	2	5 \$	62.35	\$ 12.47	1.667 \$	31.18	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	2	5	62.35	12.47	1.667	31.18	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	1	3	62.35	20.78	1.000	62.35	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	1	2	.00	.00	.667	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2005 THRU DE	C 2005	PP

EALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

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								M	CNO	THLY AVERA	.GE -	
03 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		VERAGE COST		S	COST PER	C	
		OR DAYS	OF CARE			P.	ER UNIT/DAY	PER ELIG		USER	E	
@COMMUNITY HOSPITAL TOTAL	4		18	\$	27,488.21	\$	1527.12	6.000	\$	6872.05	\$	
COMM HOSP INPATIENT TOTAL	1		4		27,216.32		6804.08	1.333		27216.32		
HSC HOSPITALS	0		0		.00		.00	.000		.00		
NON-HSC HOSPITALS TOTAL	1		4		27,216.32		6804.08	1.333		27216.32		
ACCOMMODATIONS	1		4		3,066.88		766.72	1.333		3066.88		
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		
ALL OTHER ACCOM	1		4		3,066.88		766.72	1.333		3066.88		
ANCILLARIES	1		0		24,149.44		.00	.000		24149.44		
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		
COMM HOSP OUTPATIENT TOTAL	3		14		271.89		19.42	4.667		90.63		
MEDICAL	1		1		57.11		57.11	.333		57.11		
SURGERY	0		0		.00		.00	.000		.00		
PATHOLOGY	2		8		81.72		10.22	2.667		40.86		
RADIOLOGY	1		1		18.71		18.71	.333		18.71		
ROOM USE	2		3		98.87		32.96	1.000		49.44		
CROSSOVERS/ALL OTH OUTPTNT	1		1		15.48		15.48	.333		15.48		
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
MENTALLY ILL	0		0		.00		.00	.000		.00		
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		
@NURSING FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		
LEV B-REHAB MD	0		0		.00		.00	.000		.00		
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	15	159	\$	2,933.88	\$	18.45	53.000	\$	195.59	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	15	159		2,933.88		18.45	53.000		195.59	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	109	546	\$	67,072.73	\$	122.84	182.000	\$	615.35	\$ 2
CLINIC	2	6		670.72		111.79	2.000		335.36	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	107	540		66,402.01		122.97	180.000		620.58	2
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTA	L								
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC	ASSIS	TANCE - BLIND						
							M	ONT	HLY AVERA	GE -
03 ELIGIBLES	USERS UNITS	OF SERVIC	E	EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	S (	COST PER	C
	OR D	AYS OF CAR	E		PER	UNIT/DAY	PER ELIG	ŀ	USER	E
@ALL OTHER PROVIDERS	155	37,188	\$	376,980.46	\$	10.14	2396.000	\$	2432.13	\$12
DURABLE MED. EQUIP.	5	6		6,523.37	1	.087.23	2.000		1304.67	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	3	16		311.28		19.46	5.333		103.76	

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AMBULANCES/AIR TRANS

OTHER TRANS

ACUPUNCTURE

OTHER SERVICES

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		
GENETIC DISEASE TESTING	1	1	105.00	105.00	.333	105.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	86	5,439	220,555.85	40.55	1813.000	2564.60	7	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		
OPTICIAN	17	40	384.54	9.61	13.333	22.62		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00		
PROSTHETIST/ORTHOTISTS	1	8	1,464.50	183.06	2.667	1464.50		
PROSTHETICS	1	8	1,464.50	183.06	2.667	1464.50		
ORTHOTICS	0	0	.00	.00	.000	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00		
SPEECH AND AUDIOLOGY	2	4	222.58	55.65	1.333	111.29		
HOSPICE SERVICES	0	0	.00	.00	.000	.00		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		
LOCAL EDUCATION AGENCIES	16	8,816	16,996.44	1.93	2938.667	1062.28		
EPSDT SUPPLEMENTAL SERVICE	12	4,344	118,331.53	27.24	1448.000	9860.96	3	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		
ALL OTHER PROVIDERS	29	18,514	12,085.37	.65	6171.333	416.74		
@CALIF. CHILDREN SERVICES*	63	23,965	\$ 182,781.24	\$ 7.63	7988.333	\$ 2901.29	\$ 6	
@XOVER EXCLUDING STATE HOSP**	4	11	\$ 43.26	\$ 3.93	3.667	\$ 10.82	\$	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

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SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

5111111 01101 0001111				2111102 21211222		MOI	מסשווג ע דעייה	CE -
479 ELIGIBLES	USERS	UNITS OF SERVICE	l I	EXPENDITURES	AVERAGE COST		COST PER	.GE -
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	26,798	307,563	\$	18,344,609.97		642.094	684.55	\$ 3
@PHYSICIANS SERVICES	883	3,575	\$	225,811.49	\$ 63.16	7.463	\$ 255.73	\$
OUTPATIENT VISITS	509	659		34,517.57	52.38	1.376	67.81	
OFFICE VISITS	199	241		13,316.79	55.26	.503	66.92	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	61	65		5,281.05	81.25	.136	86.57	
PREVENTIVE CARE	1	1		61.26	61.26	.002	61.26	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	282	352		15,858.47	45.05	.735	56.24	
INPATIENT VISITS	110	639		55,268.98	86.49	1.334	502.45	
HOSPITAL VISITS	89	449		30,118.56	67.08	.937	338.41	
CRITICAL CARE	23	175		24,600.92		.365	1069.61	
SNF/ICF/TRANS IP CARE	13	15		549.50	36.63	.031	42.27	
OPHTHALMOLOGICAL SERVICES	18	26		1,168.58	44.95	.054	64.92	
EXAMINATIONS	18	26		1,168.58	44.95	.054	64.92	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	65	410		34,031.75		.856	523.57	
PRINCIPAL SURGEON	43	63		23,605.45		.132	548.96	
ASSISTANT SURGEON	3	4		453.91	113.48	.008	151.30	
ANESTHESIOLOGIST	29	343		9,972.39	29.07	.716	343.88	
OUTPATIENT SURGERY	93	446		25,960.21	58.21	.931	279.14	
PRINCIPAL SURGEON	52	79		12,062.17	152.69	.165	231.96	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	48	367		13,898.04	37.87	.766	289.54	
DIALYSIS	0	0		.00	.00	.000	.00	

PATHOLOGY	35	179	7,268.21	40.60	.374	207.66	
RADIOLOGY	181	372	14,813.50	39.82	.777	81.84	
PSYCHIATRY	25	31	1,463.90	47.22	.065	58.56	
IMMUNIZATION AND INJECTION	7	53	3,716.43	70.12	.111	530.92	
OTHER SERVICES/ALL X-OVERS	335	760	47,602.36	62.63	1.587	142.10	
@PHARMACY	13,322	89,444 \$	7,980,927.20	\$ 89.23	186.731	\$ 599.08	\$ 1
PRESCRIPTION DRUGS	13,138	31,372	7,781,233.21	248.03	65.495	592.27	1
SNF/ICF	2,699	8,640	1,885,535.14	218.23	18.038	698.61	
OUTPATIENTS	10,676	22,732	5,895,698.07	259.36	47.457	552.24	1
MEDICAL SUPPLIES	460	58,072	199,693.99	3.44	121.236	434.12	
@DENTIST	2,627	10,847 \$	377,045.67	\$ 34.76	22.645	\$ 143.53	\$
VISITS - DIAGNOSTIC	1,894	6,759	83,089.26	12.29	14.111	43.87	
ORAL SURGERY	400	1,215	69,374.90	57.10	2.537	173.44	
DRUGS	23	26	370.00	14.23	.054	16.09	
ANESTHESIA	94	107	8,310.00	77.66	.223	88.40	
PERIODONTICS	142	149	16,969.15	113.89	.311	119.50	
ENDODONTICS	168	245	48,968.41	199.87	.511	291.48	
RESTORATIVE DENTISTRY	608	1,472	80,927.50	54.98	3.073	133.10	
PROSTHETICS	29	31	929.50	29.98	.065	32.05	
DENTURES, STAYPLATES	196	615	62,806.95	102.13	1.284	320.44	
SPACE MAINTAINERS	2	4	480.00	120.00	.008	240.00	
MAXILLOFACIAL SERVICES	6	7	3,750.00	535.71	.015	625.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	8	13	995.00	76.54	.027	124.38	
ALL OTHER SERVICES	118	204	75.00	.37	.426	.64	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REI	PORT FOR JAN	2005 THRU	DEC 2005	PΑ

FEE-FOR-SERVICE/DENTAL

MOP024

SANTA CRUZ COUNTY

								O14 1		
479 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		ERAGE COST R UNIT/DAY	,		COST PER USER	C
@OPTOMETRIST	41	OR DATS OF CARE	; \$	2,376.27	\$	20.84	.238		57.96	\$
			Ą	-	Ą			Ą		Ą
DIAGNOSTIC AND ANC. PROCED	22	31		676.17		21.81	.065		30.74	
EYE APPLIANCES	28	78		1,463.30		18.76	.163		52.26	
OTHER OPTOMETRIC SERVICES	5	5		236.80		47.36	.010		47.36	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	7	10	\$	162.66	\$	16.27	.021	\$	23.24	\$
MEDICINE/INJECTIONS	1	1		57.20		57.20	.002		57.20	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	6	9		105.46		11.72	.019		17.58	
@HOME HEALTH AGENCY	86	3,630	\$	149,465.97	\$	41.18	7.578	\$	1737.98	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	1,010	5,909	\$	1,414,136.79	\$	239.32	12.336	\$	1400.14	\$
HOSP INPATIENT TOTAL	208	579		1,203,137.97		2077.96	1.209		5784.32	
HSC HOSPITALS	81	565		1,026,533.00		1816.87	1.180		12673.25	
NON-HSC HOSPITAL TOTAL	7	14		44,584.81		3184.63	.029		6369.26	
ACCOMMODATIONS	7	14		10,916.92		779.78	.029		1559.56	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	

----- MONTHLY AVERAGE -

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

ALL OTHER ACCOM	7	14	10,916.92	779.78	.029	1559.56	
ANCILLARIES	7	0	33,667.89	.00	.000	4809.70	
INPATIENT CROSSOVERS	120	0	132,020.16	.00	.000	1100.17	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	850	5,330	210,998.82	39.59	11.127	248.23	
MEDICAL	219	684	63,351.79	92.62	1.428	289.28	
SURGERY	60	76	5,415.92	71.26	.159	90.27	
PATHOLOGY	251	1,980	20,920.35	10.57	4.134	83.35	
RADIOLOGY	158	231	44,425.80	192.32	.482	281.18	
ROOM USE	457	641	26,574.89	41.46	1.338	58.15	
CROSSOVERS/ALL OTH OUTPTNT	289	1,718	50,310.07			174.08	
@COUNTY HOSPITAL TOTAL	50	261	\$ 194,136.07	\$ 743.82	.545	\$ 3882.72	\$
CO HOSPITAL INPATIENT TOTAL		141	189,727.64	1345.59	.294	12648.51	
HSC HOSPITALS	12	138	186,424.00	1350.90	.288	15535.33	
NON-HSC HOSPITALS TOTAL	1	3	2,149.45	716.48	.006	2149.45	
ACCOMMODATIONS	1	3	693.90	231.30	.006	693.90	
ADMINISTRATIVE DAYS	0	0	.00	.00			
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	3	693.90	231.30	.006	693.90	
ANCILLARIES	1	0	1,455.55	.00	.000	1455.55	
INPATIENT CROSSOVERS	2	0	1,154.19	.00	.000	577.10	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	37	120	4,408.43			119.15	
MEDICAL	26	37	1,970.08	53.25	.077	75.77	
SURGERY	2	3	267.18			133.59	
PATHOLOGY	6	31	348.04			58.01	
RADIOLOGY	5	9	734.35			146.87	
ROOM USE	10	14	361.82			36.18	
CROSSOVERS/ALL OTH OUTPTNT		26	726.96			55.92	
			S MONTH-OF-PAYMENT R	EPORT FOR JAN	2005 THRU	DEC 2005	PΑ
MOP024	FEE-FOR-SERVICE/DE	ENTAL					

USERS 479 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @COMMUNITY HOSPITAL TOTAL 5,648 \$ 216.01 11.791 \$ 1261.63 \$ 1,220,000.72 COMM HOSP INPATIENT TOTAL 194 438 1,013,410.33 2313.72 .914 5223.76 HSC HOSPITALS 427 840,109.00 1967.47 .891 12001.56 NON-HSC HOSPITALS TOTAL 42,435.36 .023 11 3857.76 7072.56 11 10,223.02 929.37 ACCOMMODATIONS .023 1703.84 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 TRANSITIONAL IP CARE Ω .00 .00 .000 .00 1703.84 ALL OTHER ACCOM 11 10,223.02 929.37 .023 ANCILLARIES Ω .00 .000 6 32,212.34 5368.72 .00 1109.03 INPATIENT CROSSOVERS 130,865.97 .000 ALL OTHER INPATIENT 0 .00 .000 .00 0 .00 COMM HOSP OUTPATIENT TOTAL 5,210 206,590.39 817 39.65 10.877 252.86 647 MEDICAL 195 61,381.71 94.87 1.351 314.78 SURGERY 58 73 5,148.74 70.53 .152 88.77 PATHOLOGY 245 1,949 20,572.31 10.56 4.069 83.97 153 222 43,691.45 RADIOLOGY 196.81 .463 285.57 ROOM USE 447 627 41.81 1.309 26,213.07 58.64 CROSSOVERS/ALL OTH OUTPTNT 276 1,692 49,583.11 29.30 3.532 179.65 .00 .000 \$ .00 @STATE HOSPITAL 0 0 .00 MENTALLY ILL .00 .00 .000 .00

----- MONTHLY AVERAGE

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

SANTA CRUZ COUNTY

DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	44	1,265	\$	191,029.02	\$	151.01	2.641	\$	4341.57	\$
LEV A-INTERMEDIATE	1	30		2,686.20		89.54	.063		2686.20	
LEV B-REHAB MD	29	943		144,191.41		152.91	1.969		4972.12	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	14	292		44,151.41		151.20	.610		3153.67	
@INTERMEDIATE CARE FACILDD	10	290	\$	47,400.50	\$	163.45	.605	\$	4740.05	\$
ICF DDH	10	290		47,400.50		163.45	.605		4740.05	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	336	5,113	\$	66,520.77	\$	13.01	10.674	\$	197.98	\$
HOSPITAL BASED	63	248		6,625.79		26.72	.518		105.17	
INDEPENDENT FACILITY	274	4,865		59,894.98		12.31	10.157		218.59	
@LABORATORY FACILITY	43	186	\$	2,014.06	\$	10.83	.388	\$	46.84	\$
PATHOLOGY	42	185		1,995.96		10.79	.386		47.52	
XO AND OTHERS	1	1		18.10		18.10	.002		18.10	
@ORGANIZED OUTPATIENT CLINIC	11,181	30,821	\$	6,890,229.61	\$	223.56	64.344	\$	616.24	\$ 1
CLINIC	10	30		708.83		23.63	.063		70.88	
SURGICENTER	1	1		82.42		82.42	.002		82.42	
HEROIN DETOX CLINIC	1	11		139.36		12.67	.023		139.36	
RURAL HEALTH CLINIC	11,170	30,779		6,889,299.00		223.83	64.257		616.77	1
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITU	JRES MO	ONTH-OF-PAYMENT RI	EPOR7	FOR JAN	2005 THRU	DEC	2005	PP
MOP024	FEE-FOR-SERVICE/I	DENTAL								
SANTA CRUZ COUNTY	SUMMARY OF SERVIC	CES FOR PUBLIC	ASSIS	STANCE - DISABLED						
							M	ONT	HLY AVERA	GE -

					MON.	THLY AVERA	<u>-</u> ਖੁਦ
479 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	'	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	3,020	156,359 \$	997,489.96	\$ 6.38	326.428 \$	330.29	\$
DURABLE MED. EQUIP.	158	776	142,138.89	183.17	1.620	899.61	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	7	16	2,692.99	168.31	.033	384.71	
MEDICAL TRANSPORTATION	47	1,363	18,050.68	13.24	2.846	384.06	
AMBULANCES/AIR TRANS	47	1,350	13,601.88	10.08	2.818	289.40	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	13	13	4,448.80	342.22	.027	342.22	
ACUPUNCTURE	2	4	59.10	14.78	.008	29.55	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	4	4	420.00	105.00	.008	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	639	11,957	519,940.81	43.48	24.962	813.68	
OCCUPATIONAL THERAPIST	7	86	1,025.21	11.92	.180	146.46	
OPTICIAN	1,219	2,951	30,107.33	10.20	6.161	24.70	
PHYSICAL THERAPIST	1	9	147.04	16.34	.019	147.04	
PORTABLE X-RAY	2	4	61.28	15.32	.008	30.64	
PROSTHETIST/ORTHOTISTS	15	59	9,944.75	168.56	.123	662.98	
PROSTHETICS	15	59	9,944.75	168.56	.123	662.98	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	18	46	1,813.93	39.43	.096	100.77	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	

LOCAL EDUCATION AGENCIES	769	21,916	156,185.56	7.13	45.754	203.10	
EPSDT SUPPLEMENTAL SERVICE	2	1,528	37,313.76	24.42	3.190	18656.88	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	242	115,640	77,588.63	.67	241.420	320.61	
@CALIF. CHILDREN SERVICES*	2,143	159,099	\$ 2,743,605.31	\$ 17.24	332.148	\$ 1280.26	\$
@XOVER EXCLUDING STATE HOSP**	216	293	\$ 142,471.68	\$ 486.25	.612	\$ 659.59	\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 I
MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					MO	NTHLY AVERA	GE -	
495 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	11,866	44,020	\$	2,743,996.23	\$ 62.34	88.929	\$ 231.25	\$
@PHYSICIANS SERVICES	514	1,966	\$	163,532.80	\$ 83.18	3.972	\$ 318.16	\$
OUTPATIENT VISITS	300	339		20,391.55	60.15	.685	67.97	
OFFICE VISITS	156	171		11,945.02	69.85	.345	76.57	
HOME VISITS	2	6		182.40	30.40	.012	91.20	
EMERGENCY ROOM	39	38		2,802.55	73.75	.077	71.86	
PREVENTIVE CARE	1	1		54.83	54.83	.002	54.83	
OB VISITS/COMPRE PERI	1	3		181.44	60.48	.006	181.44	
OTHER OUTPATIENT	110	120		5,225.31	43.54	.242	47.50	
INPATIENT VISITS	49	266		30,412.91	114.33	.537	620.67	
HOSPITAL VISITS	43	130		9,041.43	69.55	.263	210.27	
CRITICAL CARE	16	136		21,371.48	157.14	.275	1335.72	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	25	32		1,463.98	45.75	.065	58.56	
EXAMINATIONS	25	32		1,463.98	45.75	.065	58.56	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	40	257		26,227.55	102.05	.519	655.69	
PRINCIPAL SURGEON	24	30		18,823.68	627.46	.061	784.32	
ASSISTANT SURGEON	1	1		520.10	520.10	.002	520.10	
ANESTHESIOLOGIST	22	226		6,883.77	30.46	.457	312.90	

OUTPATIENT SURGERY	52	224		15,863.38	70.82	.453		305.07	
PRINCIPAL SURGEON	34	53		10,341.66	195.13	.107		304.17	
ASSISTANT SURGEON	0	0		.00	.00	.000		.00	
ANESTHESIOLOGIST	21	171		5,521.72	32.29	.345		262.94	
DIALYSIS	0	0		.00	.00	.000		.00	
PATHOLOGY	14	37		864.20	23.36	.075		61.73	
RADIOLOGY	99	188		10,957.48	58.28	.380		110.68	
PSYCHIATRY	0	0		.00	.00	.000		.00	
IMMUNIZATION AND INJECTION	6	6		198.72	33.12	.012		33.12	
OTHER SERVICES/ALL X-OVERS	199	617		57,153.03	92.63	1.246		287.20	
@PHARMACY	529	1,580	\$	134,790.20 \$	85.31	3.192	\$	254.80	\$
PRESCRIPTION DRUGS	495	913		125,901.14	137.90	1.844		254.35	
SNF/ICF	0	0		.00	.00	.000		.00	
OUTPATIENTS	495	913		125,901.14	137.90	1.844		254.35	
MEDICAL SUPPLIES	68	667		8,889.06	13.33	1.347		130.72	
@DENTIST	3,378	17,842	\$	493,549.10 \$	27.66	36.044	\$	146.11	\$
VISITS - DIAGNOSTIC	2,745	12,320		167,279.45	13.58	24.889		60.94	
ORAL SURGERY	389	769		50,121.55	65.18	1.554		128.85	
DRUGS	200	211		4,718.75	22.36	.426		23.59	
ANESTHESIA	82	85		7,605.00	89.47	.172		92.74	
PERIODONTICS	61	62		6,522.10	105.20	.125		106.92	
ENDODONTICS	247	611		64,647.85	105.81	1.234		261.73	
RESTORATIVE DENTISTRY	1,021	3,384		171,812.40	50.77	6.836		168.28	
PROSTHETICS	16	20		530.00	26.50	.040		33.13	
DENTURES, STAYPLATES	20	60		3,545.50	59.09	.121		177.28	
SPACE MAINTAINERS	32	36		4,511.00	125.31	.073		140.97	
MAXILLOFACIAL SERVICES	4	4		197.50	49.38	.008		49.38	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00	
ORTHODONTIC SERVICES	103	150		11,533.00	76.89	.303		111.97	
ALL OTHER SERVICES	84	130		525.00	4.04	.263		6.25	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DE	NTAL							

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

								O14 1		
495 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES		ERAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CAR	3		PE	R UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	12	24	\$	463.68	\$	19.32	.048	\$	38.64	\$
DIAGNOSTIC AND ANC. PROCED	7	6		154.66		25.78	.012		22.09	
EYE APPLIANCES	6	13		181.89		13.99	.026		30.32	
OTHER OPTOMETRIC SERVICES	4	5		127.13		25.43	.010		31.78	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	3	4	\$	415.72	\$	103.93	.008	\$	138.57	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	454	1,629	\$	473,189.35	\$	290.48	3.291	\$	1042.27	\$
HOSP INPATIENT TOTAL	45	146		412,121.21		2822.75	.295		9158.25	

----- MONTHLY AVERAGE -

HSC HOSPITALS	42	137	360,737.00	2633.12	.277	8588.98	
NON-HSC HOSPITAL TOTAL	4	9	51,384.21	5709.36	.018	12846.05	
ACCOMMODATIONS	4	9	7,491.30	832.37	.018	1872.83	
ADMINISTRATIVE DAYS	0	9 0 0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	4	9	7,491.30	832.37	.018	1872.83	
ANCILLARIES	4	0	43,892.91	.00	.000	10973.23	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	418	1,483	61,068.14	41.18	2.996	146.10	
MEDICAL	88	129	10,668.03	82.70	.261		
SURGERY	24	28	2,999.90	107.14	.057	125.00	
PATHOLOGY	101	597	6,438.94	10.79	1.206	63.75	
RADIOLOGY	79	115	6,438.94 17,447.00	151.71	.232	220.85	
ROOM USE	233	294	12,575.99	42.78		53.97	
CROSSOVERS/ALL OTH OUTPTNT	183	320	10,938.28	34.18	.646	59.77	
@COUNTY HOSPITAL TOTAL	26	65	22,224.07	\$ 341.91	.131	\$ 854.77	\$
CO HOSPITAL INPATIENT TOTAL	7	14	18,928.00	1352.00	.028	2704.00	
HSC HOSPITALS	7	14	18,928.00	1352.00	.028	2704.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00		.00	
CO HOSP OUTPATIENT TOTAL	19	51	3,296.07	64.63		173.48	
MEDICAL	9	10	745.19	74.52	.020	82.80	
SURGERY	1	1	120.23	120.23	.002	120.23	
PATHOLOGY	0	0	.00	.00		.00	
RADIOLOGY	8	19	1,515.15	79.74	.038	189.39	
ROOM USE	10	15	697.48	46.50	.030	69.75	
CROSSOVERS/ALL OTH OUTPTNT		6	218.02	36.34		54.51	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		S MONTH-OF-PAYMENT REPO	ORT FOR JAN	2005 THRU	DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	ı					

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

DIMITI CHOL COUNTY	DOINING OF DEED	VICED FOR FOREST	COLOTITION	111111111				
						MOI	NTHLY AVERA	GE -
495 ELIGIBLES	USERS	UNITS OF SERVICE	EXPE	NDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	428	1,564	\$ 450	0,965.28	\$ 288.34	3.160	\$ 1053.66	\$
COMM HOSP INPATIENT TOTAL	38	132	393	3,193.21	2978.74	.267	10347.19	
HSC HOSPITALS	35	123	343	1,809.00	2778.93	.248	9765.97	
NON-HSC HOSPITALS TOTAL	4	9	53	1,384.21	5709.36	.018	12846.05	
ACCOMMODATIONS	4	9	•	7,491.30	832.37	.018	1872.83	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	4	9	•	7,491.30	832.37	.018	1872.83	
ANCILLARIES	4	0	43	3,892.91	.00	.000	10973.23	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	399	1,432	5	7,772.07	40.34	2.893	144.79	
MEDICAL	79	119	9	9,922.84	83.39	.240	125.61	
SURGERY	23	27		2,879.67	106.65	.055	125.20	
PATHOLOGY	101	597	(	6,438.94	10.79	1.206	63.75	

RADIOLOGY	71	96		15,931.85		165.96	.194		224.39	
ROOM USE	223	279		11,878.51		42.58	.564		53.27	
CROSSOVERS/ALL OTH OUTPTNT	179	314		10,720.26		34.14	.634		59.89	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	·	.00	•	.00	.000	·	.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	70	726	\$	10,587.03	\$	14.58	1.467	\$	151.24	\$
HOSPITAL BASED	30	72	·			34.84	.145	·	83.61	•
INDEPENDENT FACILITY	40	654		2,508.16 8,078.87		12.35	1.321		201.97	
@LABORATORY FACILITY	30	83	\$	1,130.72	\$	13.62	.168	\$	37.69	\$
PATHOLOGY	30	83		1,130.72		13.62	.168		37.69	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	5,532	7,980	\$	1,337,321.11	\$	167.58	16.121	\$	241.74	\$
CLINIC	4	7		229.65		32.81	.014		57.41	
SURGICENTER	1	1		58.88 176.52		58.88	.002		58.88	
HEROIN DETOX CLINIC	1	15					.030		176.52	
	-,:			1,336,856.06					241.88	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	JRES M	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2005 THRU	DEC	2005	PA:
MOP024	FEE-FOR-SERVICE	E/DENTAL								
SANTA CRUZ COUNTY	SUMMARY OF SERV	JICES FOR PUBLIC	C ASSI	STANCE - FAMILIES						
							M		HLY AVERA	GE -
495 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST			COST PER	C
		OR DAYS OF CAR	RΕ		PEF	R UNIT/DAY	PER ELIC	;	USER	E
@ALL OTHER PROVIDERS	1,986	12,186	\$	129,016.52	\$		24.618		64.96	\$
DURABLE MED. EQUIP.	10	16		5,142.24		321.39 .00	.032		514.22	
BLOOD BANK HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
		6		277.17		46.20			92.39	
MEDICAL TRANSPORTATION	16	323		9,665.93		29.93	.653		604.12	
AMDIII ANGDO /ATD MDANG	1 -	214		2 041 52		0 27	C 2 4		106 10	

495 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	1,986	12,186 \$	129,016.52	\$ 10.59	24.618 \$	64.96	\$
DURABLE MED. EQUIP.	10	16	5,142.24	321.39	.032	514.22	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	3	6	277.17	46.20	.012	92.39	
MEDICAL TRANSPORTATION	16	323	9,665.93	29.93	.653	604.12	
AMBULANCES/AIR TRANS	15	314	2,941.53	9.37	.634	196.10	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	9	9	6,724.40	747.16	.018	747.16	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	50	50	5,250.00	105.00	.101	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	522	1,139	9,596.00	8.42	2.301	18.38	
PHYSICAL THERAPIST	1	5	90.94	18.19	.010	90.94	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	3	19	2,355.89	123.99	.038	785.30	
PROSTHETICS	3	19	2,355.89	123.99	.038	785.30	

0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
16	33		1,629.06		49.37	.067		101.82	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
1,373	10,595		95,009.29		8.97	21.404		69.20	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
827	5,392	\$	685,499.09	\$	127.13	10.893	\$	828.90	\$
0	0	\$	.00	\$	.00	.000	\$	.00	\$
	0 0 0 1,373 0 0 0	0 0 0 0 0 1,373 10,595 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 1,373 10,595 0 0 0 0 0 0 0 0 0 0 0 0 0	0       0       .00         16       33       1,629.06         0       0       .00         0       0       .00         1,373       10,595       95,009.29         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00	0       0       .00         16       33       1,629.06         0       0       .00         0       0       .00         1,373       10,595       95,009.29         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       .00       .00         0       0       .00	0       0       .00       .00         16       33       1,629.06       49.37         0       0       .00       .00         0       0       .00       .00         1,373       10,595       95,009.29       8.97         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         827       5,392       \$ 685,499.09       \$ 127.13	0       0       .00       .00       .000         16       33       1,629.06       49.37       .067         0       0       .00       .00       .000         0       0       .00       .00       .000         1,373       10,595       95,009.29       8.97       21.404         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         827       5,392       \$ 685,499.09       \$ 127.13       10.893	0       0       .00       .00       .000         16       33       1,629.06       49.37       .067         0       0       .00       .00       .000         0       0       .00       .00       .000         1,373       10,595       95,009.29       8.97       21.404         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         827       5,392       685,499.09       \$ 127.13       10.893       \$	0       0       .00       .00       .00       .00         16       33       1,629.06       49.37       .067       101.82         0       0       .00       .00       .000       .00         0       0       .00       .00       .00       .00         1,373       10,595       95,009.29       8.97       21.404       69.20         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00         827       5,392       \$ 685,499.09       \$ 127.13       10.893       \$ 828.90

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

SANTA CRUZ COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - TOTAL				
						MON'		.GE -
1,034 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		UNITS/DAYS	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	42,168	420,564	\$	23,091,882.89	\$ 54.91	406.735 \$	547.62	\$ 2
@PHYSICIANS SERVICES	1,431	5,592	\$	394,078.58	\$ 70.47	5.408 \$	275.39	\$
OUTPATIENT VISITS	815	1,004		55,547.57	55.33	.971	68.16	
OFFICE VISITS	358	415		25 <b>,</b> 589.86	61.66	.401	71.48	
HOME VISITS	2	6		182.40	30.40	.006	91.20	
EMERGENCY ROOM	102	105		8,330.07	79.33	.102	81.67	
PREVENTIVE CARE	2	2		8,330.07 116.09	58.05	.002	58.05	
OB VISITS/COMPRE PERI	1	3		181.44	60.48		181.44	
OTHER OUTPATIENT	393	473		181.44 21,147.71	44.71		53.81	
INPATIENT VISITS	159	905		85,681.89	94.68		538.88	
HOSPITAL VISITS	132	579		85,681.89 39,159.99 45,972.40	67.63	.560	296.67	
CRITICAL CARE	39	311		45,972.40	147.82	.301	1178.78	
SNF/ICF/TRANS IP CARE	13	15		549.50	36.63	.015	42.27	
OPHTHALMOLOGICAL SERVICES	44	59		549.50 2,658.52 2,658.52	45.06		60.42	
EXAMINATIONS	44	59		2,658.52	45.06		60.42	
SERVICES AND MATERIALS	0	0		.00	.00		.00	
INPATIENT HOSPITAL SURGERY		667		60,259.30	90.34		573.90	
PRINCIPAL SURGEON	67	93		42,429.13	456.23		633.27	
ASSISTANT SURGEON	4	5		974.01	194.80		243.50	
ANESTHESIOLOGIST	51	569		16,856.16	29.62	.550	330.51	
OUTPATIENT SURGERY	146	672		44,607.20	66.38	.650	305.53	
PRINCIPAL SURGEON	87	134		25.187.44	187.97		289.51	
ASSISTANT SURGEON	0	0		.00	.00		.00	
ANESTHESIOLOGIST	69	538		19,419.76			281.45	
DIALYSIS	0	0		.00		.000	.00	
PATHOLOGY	49	216		8,132.41		.209	165.97	
RADIOLOGY	283	567		25,868.83	45.62	.548	91.41	
PSYCHIATRY	25	31		1,463.90	47.22	.030	58.56	
IMMUNIZATION AND INJECTION		59		3,915.15	66.36	.057		
OTHER SERVICES/ALL X-OVERS	559	1,412		105,943.81	75.03	1.366		
@PHARMACY	14,516	103,744	\$	8,311,031.36	\$ 80.11	100.333 \$	572.54	\$
PRESCRIPTION DRUGS	14,281	33,315		8,099,105.31		32.220		
SNF/ICF	2,819	8,813		1,920,151.40		8.523		
OUTPATIENTS	11,702	24,502		6,178,953.91	252.18	23.696	528.03	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	FFF	70 420	211 026 05	2 01	(0 112	201 05	
	555	70,429	211,926.05	3.01	68.113	381.85	
@DENTIST	6,603	31,111 \$	968,781.92	\$ 31.14	30.088	\$ 146.72	\$
VISITS - DIAGNOSTIC	5,080	20,584	267,871.46	13.01	19.907	52.73	
ORAL SURGERY	887	2,338	137,560.95	58.84	2.261	155.09	
DRUGS	225	239	5,118.75	21.42	.231	22.75	
ANESTHESIA	201	217	18,315.00	84.40	.210	91.12	
PERIODONTICS	232	240	26,332.25	109.72	.232	113.50	
ENDODONTICS	437	887	120,721.26	136.10	.858	276.25	
RESTORATIVE DENTISTRY	1,734	5,064	265,145.05	52.36	4.897	152.91	
PROSTHETICS	51	57	1,659.50	29.11	.055	32.54	
DENTURES, STAYPLATES	305	890	103,991.20	116.84	.861	340.95	
SPACE MAINTAINERS	34	40	4,991.00	124.78	.039	146.79	
MAXILLOFACIAL SERVICES	10	11	3,947.50	358.86	.011	394.75	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	112	164	12,528.00	76.39	.159	111.86	
ALL OTHER SERVICES	237	380	600.00	1.58	.368	2.53	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2005 THRU DI	EC 2005	PA
MOP024	FEE-FOR-SERVICE/DE	NTAL					

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

DIE: 111 OHOE 0001:11				·						
							M	ГИО	HLY AVERA	GE -
1,034 ELIGIBLES	USERS UNI	TS OF SERVICE	∑ ]	EXPENDITURES	AVE:	RAGE COST	UNITS/DAY	S	COST PER	C
	OF	R DAYS OF CARE	Σ		PER	UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	61	158	\$	3,182.50	\$	20.14	.153	\$	52.17	\$
DIAGNOSTIC AND ANC. PROCED	32	40		886.29		22.16	.039		27.70	
EYE APPLIANCES	40	108		1,932.28		17.89	.104		48.31	
OTHER OPTOMETRIC SERVICES	9	10		363.93		36.39	.010		40.44	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	8	11	\$	165.54	\$	15.05	.011	\$	20.69	\$
MEDICINE/INJECTIONS	1	1		57.20		57.20	.001		57.20	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	7	10		108.34		10.83	.010		15.48	
@HOME HEALTH AGENCY	90	3,639	\$	150,211.26	\$	41.28	3.519	\$	1669.01	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$

NURSE MIDWIFE	0	0	Ś	.00	Ś	.00	.000	Ś	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	Ο	Ō	Š	.00	Š	.00	.000		.00	Š
@TOTAL HOSPITAL	1,475	7,590	Š	1,904,751.47	Š	250.96			1291.36	Š
HOSP INPATIENT TOTAL	254	729	т	1,631,855.50	т	2238.48	.705		6424.63	т
HSC HOSPITALS	123	702		1,387,270.00		1976.17	.679		1278.62	
NON-HSC HOSPITAL TOTAL	12	27		123,185.34		4562.42			0265.45	
ACCOMMODATIONS	12	27		21,475.10		795.37			1789.59	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	12	27		21,475.10		795.37	.026		1789.59	
ANCILLARIES	12	0		101,710.24		.00	.000		8475.85	
INPATIENT CROSSOVERS	120	0		121,400.16		.00	.000		1011.67	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
	1,278	6,861		272,895.97		39.77			213.53	
MEDICAL	308	814		74,076.93		91.00	.787		240.51	
SURGERY	84	104		8,415.82		80.92	.101		100.19	
PATHOLOGY	355	2,588		27,503.36		10.63	2.503		77.47	
RADIOLOGY	238	347		61,891.51		178.36	.336		260.05	
ROOM USE	693	940		39,249.75		41.76	.909		56.64	
CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL		2,068 331	4	61,758.60		29.86		Ċ.	129.20	<b>~</b>
	78 22		Ş	216,422.49					2774.65	\$
CO HOSPITAL INPATIENT TOTAL		155				1346.17	.150		9484.35	
HSC HOSPITALS	19	152		205,352.00		1351.00			.0808.00	
NON-HSC HOSPITALS TOTAL	1 1	3 3 0		2,149.45		716.48			2149.45	
ACCOMMODATIONS	0	3		693.90		231.30			693.90	
ADMINISTRATIVE DAYS		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0 3 0		.00		.00	.000		.00	
ALL OTHER ACCOM	1	3		693.90		231.30	.003		693.90	
ANCILLARIES	1	0		1,455.55		.00	.000		1455.55	
INPATIENT CROSSOVERS	2	0		1,154.19		.00	.000		577.10	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	58	176		7,766.85		44.13			133.91	
MEDICAL	35	47		2,715.27		57.77			77.58	
SURGERY	3	4		387.41		96.85	.004		129.14	
PATHOLOGY	7	34		410.39		12.07	.033		58.63	
RADIOLOGY	13	28		2,249.50		80.34	.027		173.04	
ROOM USE	21	31		1,059.30		34.17	.030		50.44	
CROSSOVERS/ALL OTH OUTPTNT		32		944.98		29.53	.031		55.59	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI		JRES	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTA									
SANTA CRUZ COUNTY	SUMMARY OF SERVICES I	OR PUBLIC	C ASS	ISTANCE - TOTAL						

1,034 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 232.58 7.020 \$ 1202.51 \$ @COMMUNITY HOSPITAL TOTAL 1,404 7,259 1,688,328.98 .555 COMM HOSP INPATIENT TOTAL 233 574 1,423,199.86 2479.44 6108.15 HSC HOSPITALS 105 550 1,181,918.00 2148.94 .532 11256.36 NON-HSC HOSPITALS TOTAL 11 24 121,035.89 5043.16 .023 11003.26 865.88 ACCOMMODATIONS 11 24 20,781.20 .023 1889.20 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 TRANSITIONAL IP CARE .00 ALL OTHER ACCOM 20,781.20 865.88 11 24 .023 1889.20 ANCILLARIES 11 0 100,254.69 .00 .000 9114.06 INPATIENT CROSSOVERS 118 120,245.97 .00 .000 1019.03

----- MONTHLY AVERAGE

ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	1,224	6,685		265,129.12		39.66	6.465		216.61	
MEDICAL	275	767		71,361.66		93.04	.742		259.50	
SURGERY	81	100		8,028.41		80.28	.097		99.12	
PATHOLOGY	348	2,554		27,092.97		10.61	2.470		77.85	
RADIOLOGY	225	319		59,642.01		186.97	.309		265.08	
ROOM USE	672	909		38,190.45		42.01	.879		56.83	
CROSSOVERS/ALL OTH OUTPTNT	461	2,036		60,813.62		29.87	1.969		131.92	
@STATE HOSPITAL	0	, 0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0	·	.00	•	.00	.000		.00	·
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	49	1,327	\$	200,289.34	\$			\$	4087.54	\$
LEV A-INTERMEDIATE	1	30		2,686.20		89.54	.029		2686.20	
LEV B-REHAB MD	29	943		144,191.41		152.91	.912		4972.12	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	19	354		53,411.73		150.88	.342		2811.14	
@INTERMEDIATE CARE FACILDD	10	290	\$	47,400.50	\$	163.45	.280	\$	4740.05	\$
ICF DDH	10	290		47,400.50		163.45	.280		4740.05	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	421	5,998	\$	80,041.68	\$	13.34	5.801	\$	190.12	\$
HOSPITAL BASED	93	320		9,133.95		28.54	.309		98.21	
INDEPENDENT FACILITY	329	5,678		70,907.73		12.49	5.491		215.53	
@LABORATORY FACILITY	73	269	\$	3,144.78	\$	11.69	.260	\$	43.08	\$
PATHOLOGY	72	268		3,126.68		11.67	.259		43.43	
XO AND OTHERS	1	1		18.10		18.10	.001		18.10	
@ORGANIZED OUTPATIENT CLINIC	17,754	45,871	\$	9,067,762.35	\$	197.68	44.363	\$	510.74	\$
CLINIC	16	43		1,609.20		37.42	.042		100.58	
SURGICENTER	2 2	2		141.30		70.65	.002		70.65	
HEROIN DETOX CLINIC		26		315.88		12.15	.025		157.94	
RURAL HEALTH CLINIC	17,736	45,800		9,065,695.97		197.94	44.294		511.15	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		JRES I	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2005 THRU	DEC	2005	PΑ
MOP024	FEE-FOR-SERVICE/DE	ENTAL								

----- MONTHLY AVERAGE -USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 1,034 ELIGIBLES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @ALL OTHER PROVIDERS 6,520 214,964 1,961,041.61 9.12 207.896 \$ 300.77 \$ DURABLE MED. EQUIP. 173 798 153,804.50 192.74 .772 889.04 0 0 .00 .000 .00 BLOOD BANK .00 2,970.16 10 22 135.01 .021 HEARING AID DISPENSERS 297.02 1,702 16.47 MEDICAL TRANSPORTATION 66 28,027.89 1.646 424.67 1,679 10.03 1.624 259.15 AMBULANCES/AIR TRANS 65 16,844.81 OTHER TRANS 0 0 .00 .00 .000 .00 OTHER SERVICES 23 23 11,183.08 486.22 .022 486.22 ACUPUNCTURE 2 4 59.10 14.78 .004 29.55 9 59 69.93 .057 ADULT DAY HEALTH CARE CTR 4,126.10 458.46 GENETIC DISEASE TESTING 55 55 5,775.00 105.00 .053 105.00 24,937 1,685 47.46 IHMC, MODEL-NF, NF, AIDS, MSSP 1,183,496.73 24.117 702.37 OCCUPATIONAL THERAPIST 1,025.21 11.92 .083 146.46

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - TOTAL

SANTA CRUZ COUNTY

OPTICIAN	2,141	5,021	50,079.51	9.97	4.856	23.39	
PHYSICAL THERAPIST	2	14	237.98	17.00	.014	118.99	
PORTABLE X-RAY	2	4	61.28	15.32	.004	30.64	
PROSTHETIST/ORTHOTISTS	19	86	13,765.14	160.06	.083	724.48	
PROSTHETICS	19	86	13,765.14	160.06	.083	724.48	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	37	87	3,839.88	44.14	.084	103.78	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	2,158	41,327	268,191.29	6.49	39.968	124.28	
EPSDT SUPPLEMENTAL SERVICE	14	5,872	155,645.29	26.51	5.679	11117.52	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	285	134,890	89,936.55	.67	130.455	315.57	
@CALIF. CHILDREN SERVICES*	3,034	188,472	\$ 3,613,590.92	\$ 19.17	182.275	\$ 1191.03	\$
@XOVER EXCLUDING STATE HOSP**	265	392	\$ 134,811.53	\$ 343.91	.379	\$ 508.72	\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY

SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

BINITI CHOZ COCKII	DOINGING OF BEIC	TODO TON THE		11000	CODE 11 111 10			
						MON	THLY AVERA	.GE -
64 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CAR	E		PER UNIT/DAY		USER	E
@TOTAL, ALL PROVIDERS	1,353	21,025	\$	585,689.74	\$ 27.86	328.516 \$	432.88	\$
@PHYSICIANS SERVICES	16	48	\$	911.52	\$ 18.99	.750 \$	56.97	\$
OUTPATIENT VISITS	1	2		152.68	76.34	.031	152.68	
OFFICE VISITS	0	0		.00	.00	.000	.00	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	1	2		152.68	76.34	.031	152.68	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	2	14		20.07	1.43	.219	10.04	
RADIOLOGY	2	9		466.83	51.87	.141	233.42	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	

OTHER SERVICES/ALL X-OVERS	11	23	271.94		11.82	.359		24.72	
@PHARMACY	138	12,448	27,812.69	\$	2.23	194.500	\$	201.54	\$
PRESCRIPTION DRUGS	136	230	25,298.36		109.99	3.594		186.02	
SNF/ICF	22	53	5,720.79		107.94	.828		260.04	
OUTPATIENTS	114	177	19,577.57		110.61	2.766		171.73	
MEDICAL SUPPLIES	14	12,218	2,514.33		.21	190.906		179.60	
@DENTIST	286	1,234	48,668.10	\$	39.44	19.281	\$	170.17	\$
VISITS - DIAGNOSTIC	203	690	8,282.05		12.00	10.781		40.80	
ORAL SURGERY	51	214	8,895.50		41.57	3.344		174.42	
DRUGS	1	2	15.00		7.50	.031		15.00	
ANESTHESIA	12	15	1,100.00		73.33	.234		91.67	
PERIODONTICS	17	18	2,061.00		114.50	.281		121.24	
ENDODONTICS	17	25	4,696.00		187.84	.391		276.24	
RESTORATIVE DENTISTRY	46	97	7,424.05		76.54	1.516		161.39	
PROSTHETICS	5	7	365.00		52.14	.109		73.00	
DENTURES, STAYPLATES	39	119	15,779.50		132.60	1.859		404.60	
SPACE MAINTAINERS	0	0	.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00	
ALL OTHER SERVICES	23	47	50.00		1.06	.734		2.17	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	S MONTH-OF-PAYMENT F	REPORT	FOR JAN	2005 THRU	DEC	2005	PA

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U 1X

DINTIL CROZ COUNT	DOINTING OF DERCY	TODO TOR THE		11022	CODE	<b>11 111 10</b>				
								THLY AVERA	GE -	
64 ELIGIBLES	USERS	UNITS OF SERVIO		EXPENDITURES			UNITS/DAY	COST PER	C	
		OR DAYS OF CAR	RE		PER	UNIT/DAY		USER	E	
@OPTOMETRIST	3	10	\$	188.51	\$	18.85	.156	\$	\$	
DIAGNOSTIC AND ANC. PROCED	1	1		39.44		39.44	.016	39.44		
EYE APPLIANCES	3	9		149.07		16.56	.141	49.69		
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$ .00	\$	
VISITS	0	0		.00		.00	.000	.00		
OTHER SERVICES	0	0		.00		.00	.000	.00		
@PODIATRIST	1	2	\$	.73	\$	.37	.031	\$ .73	\$	
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		
SURGERY/ANES.	0	0		.00		.00	.000	.00		
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		
OTHER	1	2		.73		.37	.031	.73		
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$ .00	\$	
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$ .00	\$	
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$ .00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$ .00	\$	
@TOTAL HOSPITAL	10	42	\$	31,525.67	\$	750.61	.656	\$ 3152.57	\$	
HOSP INPATIENT TOTAL	6	18		30,981.58		1721.20	.281	5163.60		
HSC HOSPITALS	0	0		.00		.00	.000	.00		
NON-HSC HOSPITAL TOTAL	2	18		36,970.53	2	2053.92	.281	18485.27		
ACCOMMODATIONS	2	18		10,022.40		556.80	.281	5011.20		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		
ALL OTHER ACCOM	2	18		10,022.40		556.80	.281	5011.20		
ANCILLARIES	2	0		26,948.13		.00	.000	13474.07		
INPATIENT CROSSOVERS	4	0		5,988.95CR	}	.00	.000	1497.24C	!R	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		

HOSP OUTPATIENT TOTAL	6	24	544.09	22.67	.375	90.68	
MEDICAL	1	1	82.41	82.41	.016	82.41	
SURGERY	1	1	4.00	4.00	.016	4.00	
PATHOLOGY	1	8	76.28	9.54	.125	76.28	
RADIOLOGY	2	2	212.29	106.15	.031	106.15	
ROOM USE	2	2	72.68	36.34	.031	36.34	
CROSSOVERS/ALL OTH OUTPTNT	4	10	96.43	9.64	.156	24.11	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2005 THRU DEC	2005	PΑ
MOP024	FEE-FOR-SERVICE	/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SOC	- AGED AID	CODE 14 1H 1U	1X		
					MONT	HLY AVERA	GE -
64 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	10	42 \$	31,525.67	\$ 750.61	.656 \$	3152.57	\$
COMM HOSP INPATIENT TOTAL	6	18	30,981.58	1721.20	.281	5163.60	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	2	18	36,970.53	2053.92	.281	18485.27	
ACCOMMODATIONS	2	18	10,022.40	556.80	.281	5011.20	
			•				

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	2	18		10,022.40		556.80	.281		5011.20	
ANCILLARIES	2	0		26,948.13		.00	.000		13474.07	
INPATIENT CROSSOVERS	4	0		5,988.95CR		.00	.000		1497.240	CR
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	6	24		544.09		22.67	.375		90.68	
MEDICAL	1	1		82.41		82.41	.016		82.41	
SURGERY	1	1		4.00		4.00	.016		4.00	
PATHOLOGY	1	Ω		76.28		9.54	.125		76.28	
RADIOLOGY	2	8 2		212.29		106.15	.031		106.15	
ROOM USE	2	2		72.68		36.34	.031		36.34	
		10							24.11	
CROSSOVERS/ALL OTH OUTPTNT	4	0	4	96.43	4	9.64	.156	4		4
@STATE HOSPITAL	0	-	\$	.00	\$	.00	.000	Ş	.00	\$
MENTALLY ILL		0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0	4.	.00	4.	.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	·	.00	•	.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	1	2	\$	931.68	\$	465.84	.031	Ś	931.68	\$
HOSPITAL BASED	0	0	т	.00	т	.00	.000	т	.00	т
HEMODIALYSIS CENTER	1	2		931.68		465.84	.031		931.68	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ċ	.00	\$
HOSPITAL BASED	0	0	۲	.00	Y	.00	.000	Υ	.00	Y
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
	0	28CR	۲.	334.90CR	Ċ.	11.96		ъċ		ים תר
@LABORATORY FACILITY	1		Ş				.4380			
PATHOLOGY	Τ.	28CR		334.90CR		11.96	.4380	R	334.900	CR
XO AND OTHERS	0	0		.00	_	.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	628	2,869	\$	374,081.03	Ş	130.39	44.828	Ş	595.67	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	628	2,869		374,081.03		130.39	44.828		595.67	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MC	NTH-OF-PAYMENT RE	PORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVIC	E/DENTAL								
SANTA CRUZ COUNTY	SUMMARY OF SER	VICES FOR MN - NO	SOC	- AGED AID	CODE	14 1H 1U	1X			
							M	ONT	HLY AVERA	AGE -
64 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE:	RAGE COST				C
		OR DAYS OF CARE					PER ELIG		USER	E
@ALL OTHER PROVIDERS	335	4,398	\$	101,904.71	\$	23.17	68.719		304.19	\$
DURABLE MED. EQUIP.	0	0	т	.00	т.	.00	.000	т.	.00	т
BLOOD BANK	0	0		.00		.00	.000		.00	
DECOD DANK	0	0		.00		.00	.000		.00	

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HEARING AID DISPENSERS

MEDICAL TRANSPORTATION

OTHER TRANS

OTHER SERVICES

AMBULANCES/AIR TRANS

ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	3	23	1,621.22	70.49	.359	540.41	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	91	2,538	94,033.69	37.05	39.656	1033.34	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	232	544	5,865.78	10.78	8.500	25.28	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	12	1,293	384.02	.30	20.203	32.00	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000	\$ .00 \$	
@XOVER EXCLUDING STATE HOSP**	28	53 \$	4,476.18CR	\$ 84.46CR	.828	\$ 159.86CR\$	
⊕+ TOTALC IN THECE LINES ARE CIV	באז אכ א כבטאטאיים	TMECDMARTON TREM	ONT V.				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

AID CODE 24

SANIA CROZ COUNTI	DOMINANT OF DER	ATCED LOK	1.111 - 110	DOC			AID CODE	4				
								M	ONT	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES			UNITS/DAY	S	COST PER	C	
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	
@TOTAL, ALL PROVIDERS	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
@PHYSICIANS SERVICES	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		
OFFICE VISITS	0		0		.00		.00	.000		.00		
HOME VISITS	0		0		.00		.00	.000		.00		
EMERGENCY ROOM	0		0		.00		.00	.000		.00		
PREVENTIVE CARE	0		0		.00		.00	.000		.00		
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		
INPATIENT VISITS	0		0		.00		.00	.000		.00		
HOSPITAL VISITS	0		0		.00		.00	.000		.00		
CRITICAL CARE	0		0		.00		.00	.000		.00		
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		
EXAMINATIONS	0		0		.00		.00	.000		.00		
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		

DIALYSIS	0	0	.0	0	.00	.000		.00	
PATHOLOGY	0	0	.0	0	.00	.000		.00	
RADIOLOGY	0	0	.0	0	.00	.000		.00	
PSYCHIATRY	0	0	.0	0	.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0	.0	0	.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	0	0	.0		.00	.000		.00	
@PHARMACY	0	0 \$			.00	.000	Ś	.00	\$
PRESCRIPTION DRUGS	0	0	.0		.00	.000	т	.00	т
SNF/ICF	0	0	.0		.00	.000		.00	
OUTPATIENTS	0	0	.0		.00	.000		.00	
MEDICAL SUPPLIES	0	0	.0		.00	.000		.00	
	0				.00		۲.		Ċ.
@DENTIST	0	0 \$ 0					\$	.00	\$
VISITS - DIAGNOSTIC	0	·	.0		.00	.000		.00	
ORAL SURGERY	0	0	.0		.00	.000		.00	
DRUGS	0	0	.0		.00	.000		.00	
ANESTHESIA	0	0	. 0		.00	.000		.00	
PERIODONTICS	0	0	.0		.00	.000		.00	
ENDODONTICS	0	0	.0		.00	.000		.00	
RESTORATIVE DENTISTRY	0	0	.0		.00	.000		.00	
PROSTHETICS	0	0	.0	0	.00	.000		.00	
DENTURES, STAYPLATES	0	0	.0	0	.00	.000		.00	
SPACE MAINTAINERS	0	0	.0	0	.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0	.0	0	.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0	.0	0	.00	.000		.00	
ORTHODONTIC SERVICES	0	0	.0	0	.00	.000		.00	
ALL OTHER SERVICES	0	0	.0		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES					DEC		PΑ
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			SOC - BLIND		ATD CODE	24			
SANTA CRUZ COUNTY		E/DENTAL VICES FOR MN - NO S	SOC - BLIND		AID CODE		ONT'	HIV AVERA	GE -
SANTA CRUZ COUNTY	SUMMARY OF SER	VICES FOR MN - NO S		S AVE		MO			
		VICES FOR MN - NO S UNITS OF SERVICE	SOC - BLIND EXPENDITURE		RAGE COST	UNITS/DAYS	S	COST PER	C
SANTA CRUZ COUNTY  00 ELIGIBLES	SUMMARY OF SER	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURE	PEF	ERAGE COST R UNIT/DAY	UNITS/DAYS	S	COST PER USER	C E
SANTA CRUZ COUNTY  00 ELIGIBLES  @OPTOMETRIST	SUMMARY OF SERUSERS	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURE	PEF 0 \$	ERAGE COST R UNIT/DAY .00	UNITS/DAYS PER ELIG	S	COST PER USER .00	C
SANTA CRUZ COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	SUMMARY OF SER USERS 0 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURE \$ .0	PEF 0 \$ 0	ERAGE COST C UNIT/DAY .00 .00	UNITS/DAYS PER ELIG .000	S	COST PER USER .00	C E
SANTA CRUZ COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	SUMMARY OF SERUSERS	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURE \$ .0 .0	PEF 0 \$ 0 0	ERAGE COST R UNIT/DAY .00 .00	UNITS/DAYS PER ELIG .000 .000	S	COST PER USER .00 .00	C E
SANTA CRUZ COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	SUMMARY OF SER USERS 0 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0	EXPENDITURE  \$ .0 .0 .0	PEF 0 \$ 0 0	ERAGE COST UNIT/DAY .00 .00 .00	MO UNITS/DAYS PER ELIG .000 .000 .000	\$	COST PER USER .00 .00 .00	C E \$
SANTA CRUZ COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	SUMMARY OF SER USERS 0 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0	## EXPENDITURE  \$ .0 .0 .0 .0 .0 .0	PEF 0 \$ 0 0 0 0 \$	ERAGE COST UNIT/DAY .00 .00 .00 .00	MO UNITS/DAYS PER ELIG .000 .000 .000 .000	S	COST PER USER .00 .00 .00 .00	C E
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SANTA CRUZ COUNTY  00 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PEF 0 \$ \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ERAGE COST 2 UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	0 0 0 0 0 0 0 0 0 0 0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CH
©OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES ©CHIROPRACTOR VISITS OTHER SERVICES ©PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER ©HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ©TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL	SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	VICES FOR MN - NO S  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	PEF 0 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ERAGE COST 2 UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	0 0 0 0 0 0 0 0 0 0 0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	CH
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TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	
ANCILLARIES	0	0	.00		.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00	
MEDICAL	0	0	.00					
	0	•			.00	.000	.00	
SURGERY	0	0	.00		.00	.000	.00	
PATHOLOGY	0	0	.00		.00	.000	.00	
RADIOLOGY	0	0	.00		.00	.000	.00	
ROOM USE	0	0	.00		.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$ .00	\$	.00	.000		\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	Ψ.	.00	.000	.00	۲
HSC HOSPITALS	0	0						
	0		.00		.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	
ACCOMMODATIONS	0	0	.00		.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	
ANCILLARIES	0	0	.00		.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	
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ALL OTHER INPATIENT	Ü	Ü	.00		.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000	.00	
MEDICAL	0	0	.00		.00	.000	.00	
SURGERY	0	0	.00		.00	.000	.00	
PATHOLOGY	0	0	.00		.00	.000	.00	
RADIOLOGY	0	0	.00		.00	.000	.00	
ROOM USE	0	0	.00		.00	.000	.00	
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CROSSOVERS/ALL OTH OUTPTNT	0	O O	.00		.00	.000	.00	TD 70
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CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVI FEE-FOR-SERVIC	CES AND EXPENDITURE CE/DENTAL	.00 ES MONTH-OF-PAYMENT F		.00 OR JAN :	.000 2005 THRU D	.00	PΑ
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CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY	0 MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER	CES AND EXPENDITURE CE/DENTAL RVICES FOR MN - NO UNITS OF SERVICE	.00 ES MONTH-OF-PAYMENT F SOC - BLIND EXPENDITURES	A AVERA	.00 OR JAN : ID CODE GE COST	.000 2005 THRU D 24 MO UNITS/DAYS	.00 EC 2005 NTHLY AVERA COST PER	.GE - C
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CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE CE/DENTAL CVICES FOR MN - NO  UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 ES MONTH-OF-PAYMENT F SOC - BLIND  EXPENDITURES \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	A AVERA PER U	.00 OR JAN : ID CODE GE COST NIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2005 THRU D 24 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2005  NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.GE - C E
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE CE/DENTAL CVICES FOR MN - NO  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 ES MONTH-OF-PAYMENT F SOC - BLIND  EXPENDITURES  \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	A AVERA PER U	.00 OR JAN : ID CODE GE COST NIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2005 THRU D 24 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2005  NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.GE - C E
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE CE/DENTAL CVICES FOR MN - NO  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 ES MONTH-OF-PAYMENT F SOC - BLIND  EXPENDITURES  \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	A AVERA PER U	.00 OR JAN : ID CODE GE COST NIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2005 THRU D 24 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2005  NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.GE - C E
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE SUMMARY OF SERVICE SUMMARY	CES AND EXPENDITURE CE/DENTAL CVICES FOR MN - NO  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 ES MONTH-OF-PAYMENT F SOC - BLIND  EXPENDITURES  \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERA PER U \$	.00 OR JAN : ID CODE GE COST NIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2005 THRU D 24 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2005  NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.GE - C E \$
CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVI FEE-FOR-SERVIC SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITURE CE/DENTAL CVICES FOR MN - NO  UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	.00 ES MONTH-OF-PAYMENT F SOC - BLIND  EXPENDITURES  \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	A AVERA PER U	.00 OR JAN : ID CODE GE COST NIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2005 THRU D 24 MO UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2005  NTHLY AVERA COST PER USER \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.GE - C E \$

MENTALLY ILL	0	0	.00	. (	.000		.00	
DEVELOP. DISABLED	0	0	.00	. (	.000		.00	
@NURSING FACILITY	0	0 \$	.00	\$.	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0	.00	. (	.000		.00	
LEV B-REHAB MD	0	0	.00	. (	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	. (	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	. (	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	. (	.000		.00	
LEV B-REGULAR	0	0	.00	. (	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .	.000	\$	.00	\$
ICF DDH	0	0	.00	. (	.000		.00	
ICF DD	0	0	.00	. (	.000		.00	
ICF DDN/DDCN	0	0	.00	. (	.000		.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00	. (	.000		.00	
HEMODIALYSIS CENTER	0	0	.00	. (	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$ .	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00	. (	.000		.00	
INDEPENDENT FACILITY	0	0	.00	. (	.000		.00	
@LABORATORY FACILITY	0	0 \$	.00	\$	.000		.00	\$
PATHOLOGY	0	0	.00	. (	.000		.00	
XO AND OTHERS	0	0	.00	. (	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .	.000	\$	.00	\$
CLINIC	0	0	.00	. (	.000		.00	
SURGICENTER	0	0	.00	. (	.000		.00	
HEROIN DETOX CLINIC	0	0	.00	. (	.000		.00	
RURAL HEALTH CLINIC	0	0	.00		.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		NTH-OF-PAYMENT RE	EPORT FOR	JAN 2005 THRU	DEC	2005	P#
MOP024	FEE-FOR-SERVICE/DENTA							
SANTA CRUZ COUNTY	SUMMARY OF SERVICES F	FOR MN - NO SOC	- BLIND	AID (	CODE 24			
							HLY AVERA	GE -
00 ELIGIBLES		G OF SERVICE	EXPENDITURES		COST UNITS/DA		COST PER	C
	OR I	DAYS OF CARE		PER UNIT			USER	E
@ALL OTHER PROVIDERS	0	0 \$	.00		.000		.00	\$
DURABLE MED. EQUIP.	0	0	.00	. (	.000		.00	

0

.00

.00

.000

.00

0

BLOOD BANK

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$
⊚★ TOTALS IN THESE LINES ARE SIVEN	ΛΟ Λ ΟΓΟΛΟΛΨΕ Τ	NEODMATION ITEM ONLY.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

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						MO	NTHLY AVERA	GE -
761 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	3,886	100,802	\$	2,711,121.23	\$ 26.90	132.460	\$ 697.66	\$
@PHYSICIANS SERVICES	185	717	\$	17,006.92	\$ 23.72	.942	\$ 91.93	\$
OUTPATIENT VISITS	43	50		2,064.99	41.30	.066	48.02	
OFFICE VISITS	22	27		917.48	33.98	.035	41.70	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	6	6		524.70	87.45	.008	87.45	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	16	17		622.81	36.64	.022	38.93	
INPATIENT VISITS	4	13		443.61	34.12	.017	110.90	
HOSPITAL VISITS	4	13		443.61	34.12	.017	110.90	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	7	9		307.72	34.19	.012	43.96	
EXAMINATIONS	7	9		307.72	34.19	.012	43.96	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	2	31		699.94	22.58	.041	349.97	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ANESTHESIOLOGIST	2	31		699.94		22.58	.041		349.97	
OUTPATIENT SURGERY	11	25		2,292.51		91.70	.033		208.41	
PRINCIPAL SURGEON	8	12		1,819.99		151.67	.016		227.50	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	3	13		472.52		36.35	.017		157.51	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	8	69		981.76		14.23	.091		122.72	
RADIOLOGY	19	27		744.82		27.59	.035		39.20	
PSYCHIATRY	1	1		23.22		23.22	.001		23.22	
IMMUNIZATION AND INJECTION	2	5		27.25		5.45	.007		13.63	
OTHER SERVICES/ALL X-OVERS	121	487		9,421.10		19.35	.640		77.86	
@PHARMACY	1,845	18,791	\$	1,105,657.52	\$	58.84	24.693	\$	599.27	\$
PRESCRIPTION DRUGS	1,801	5,815		1,087,723.96		187.05	7.641		603.96	
SNF/ICF	67	156		50,104.86		321.19	.205		747.83	
OUTPATIENTS	1,738	5,659		1,037,619.10		183.36	7.436		597.02	
MEDICAL SUPPLIES	102	12,976		17,933.56		1.38	17.051		175.82	
@DENTIST	308	1,350	\$	44,857.65	\$	33.23	1.774	\$	145.64	\$
VISITS - DIAGNOSTIC	230	884		10,567.00		11.95	1.162		45.94	
ORAL SURGERY	54	140		8,118.75		57.99	.184		150.35	
DRUGS	2	2		30.00		15.00	.003		15.00	
ANESTHESIA	12	12		1,200.00		100.00	.016		100.00	
PERIODONTICS	18	18		1,998.00		111.00	.024		111.00	
ENDODONTICS	24	37		6,565.00		177.43	.049		273.54	
RESTORATIVE DENTISTRY	78	190		12,715.00		66.92	.250		163.01	
PROSTHETICS	2	2		60.00		30.00	.003		30.00	
DENTURES, STAYPLATES	12	37		3,503.90		94.70	.049		291.99	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	1	1		100.00		100.00	.001		100.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	1	8		.00		.00	.011		.00	
ALL OTHER SERVICES	11	19		.00		.00	.025		.00	
#CALIF DEPT OF HEALTH SERV			RES	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DE	NTAL								

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

							M	ONT	HLY AVERA	GE -	
761 ELIGIBLES	USERS	UNITS OF SERVIC	Έ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	C	
		OR DAYS OF CAR	E.		PEF	R UNIT/DAY	PER ELIG		USER	E	
@OPTOMETRIST	20	42	\$	721.33	\$	17.17	.055	\$	36.07	\$	
DIAGNOSTIC AND ANC. PROCED	6	7		181.79		25.97	.009		30.30		
EYE APPLIANCES	16	33		533.19		16.16	.043		33.32		
OTHER OPTOMETRIC SERVICES	1	2		6.35		3.18	.003		6.35		
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
VISITS	0	0		.00		.00	.000		.00		
OTHER SERVICES	0	0		.00		.00	.000		.00		
@PODIATRIST	46	89	\$	2,031.45	\$	22.83	.117	\$	44.16	\$	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		
SURGERY/ANES.	0	0		.00		.00	.000		.00		
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		
OTHER	46	89		2,031.45		22.83	.117		44.16		
@HOME HEALTH AGENCY	50	7,642	\$	269,406.48	\$	35.25	10.042	\$	5388.13	\$	
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
@TOTAL HOSPITAL	140	436	\$	76,300.61	\$	175.00	.573	\$	545.00	\$	

HOSP INPATIENT TOTAL	35	32	65,966.47	2061.45	.042	1884.76	
HSC HOSPITALS	6	23	37,852.00	1645.74	.030	6308.67	
NON-HSC HOSPITAL TOTAL	1	9	5,487.90	609.77	.012	5487.90	
ACCOMMODATIONS	1	9	2,081.70	231.30	.012	2081.70	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	9	2,081.70	231.30	.012	2081.70	
ANCILLARIES	1	0	3,406.20	.00	.000	3406.20	
INPATIENT CROSSOVERS	28	0	22,626.57	.00	.000	808.09	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	107	404	10,334.14	25.58	.531	96.58	
MEDICAL	13	17	475.87	27.99	.022	36.61	
SURGERY	2	2	37.24	18.62	.003	18.62	
PATHOLOGY	18	69	876.83	12.71	.091	48.71	
RADIOLOGY	12	16	820.44	51.28	.021	68.37	
ROOM USE	23	28	984.71	35.17	.037	42.81	
CROSSOVERS/ALL OTH OUTPTNT	67	272	7,139.05	26.25	.357	106.55	
@COUNTY HOSPITAL TOTAL	9	16 \$	439.14	\$ 27.45	.021	\$ 48.79	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	9	16	439.14	27.45	.021	48.79	
MEDICAL	2	2	145.44	72.72	.003	72.72	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	3	0 6 0	57.49	9.58	.008	19.16	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPINT	5	8	236.21	29.53	.011	47.24	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2005 THRU I	DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENT	'AL					

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

USERS AVERAGE COST UNITS/DAYS COST PER 761 ELIGIBLES UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @COMMUNITY HOSPITAL TOTAL 131 420 75,861.47 \$ 180.62 .552 \$ 579.10 \$ 2061.45 32 COMM HOSP INPATIENT TOTAL 35 65,966.47 .042 1884.76 HSC HOSPITALS 23 1645.74 .030 6 37,852.00 6308.67 NON-HSC HOSPITALS TOTAL 9 609.77 .012 5,487.90 5487.90 ACCOMMODATIONS 9 2,081.70 231.30 .012 2081.70 ADMINISTRATIVE DAYS .00 .00 .000 .00 .000 TRANSITIONAL IP CARE 0 0 .00 .00 .00 ALL OTHER ACCOM 1 9 2,081.70 231.30 .012 2081.70 ANCILLARIES 1 3,406.20 .00 .000 3406.20 .00 INPATIENT CROSSOVERS 28 0 .000 808.09 22,626.57 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 98 388 9,895.00 25.50 .510 100.97 MEDICAL 11 15 .020 330.43 22.03 30.04 2 .003 SURGERY 37.24 18.62 18.62

----- MONTHLY AVERAGE -

PATHOLOGY	15	63		819.34		13.01	.083		54.62	
RADIOLOGY	12	16		820.44		51.28	.021		68.37	
ROOM USE	23	28		984.71		35.17	.037		42.81	
CROSSOVERS/ALL OTH OUTPTNT	62	264		6,902.84		26.15	.347		111.34	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	3	35	\$	8,288.70	\$	236.82	.046	\$	2762.90	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	3	35		8,288.70		236.82	.046		2762.90	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	3	3	\$	1,100.80	\$	366.93	.004	\$	366.93	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	3	3		1,100.80		366.93	.004		366.93	
@REHABILITATION FACILITY	88	1,450	\$	19,000.01	\$	13.10	1.905	\$	215.91	\$
HOSPITAL BASED	4	6		301.56		50.26	.008		75.39	
INDEPENDENT FACILITY	84	1,444		18,698.45		12.95	1.898		222.60	
@LABORATORY FACILITY	8	27	\$	293.67	\$	10.88	.035	\$	36.71	\$
PATHOLOGY	6	22		241.89		11.00	.029		40.32	
XO AND OTHERS	2	5		51.78		10.36	.007		25.89	
@ORGANIZED OUTPATIENT CLINIC	1,358	3,133	\$	706,500.74	\$	225.50	4.117	\$	520.25	\$
CLINIC	6	6		111.04		18.51	.008		18.51	
SURGICENTER	2	10		908.16		90.82	.013		454.08	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	1,350	3,117		705,481.54		226.33	4.096		522.58	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		URES N	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/D	ENTAL								

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

----- MONTHLY AVERAGE -761 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @ALL OTHER PROVIDERS 638 67,087 \$ 6.86 88.156 \$ 720.93 459,955.35 985.46 133 29,563.80 222.28 .175 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 BLOOD BANK 0 HEARING AID DISPENSERS Ω .00 .00 .000 .00 MEDICAL TRANSPORTATION 38 855.79 22.52 .050 122.26 AMBULANCES/AIR TRANS 37 845.91 22.86 .049 120.84 OTHER TRANS .00 .00 .000 .00 OTHER SERVICES 1 9.88 9.88 .001 9.88 21 351.65 16.75 .028 50.24 ACUPUNCTURE 0 .000 ADULT DAY HEALTH CARE CTR .00 .00 .00 GENETIC DISEASE TESTING 1 1 105.00 105.00 .001 105.00 IHMC, MODEL-NF, NF, AIDS, MSSP 5,621 172,398.53 30.67 7.386 3747.79 OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 OPTICIAN 174 426 3,988.82 9.36 .560 22.92 PHYSICAL THERAPIST 0 0 .00 .000 .00 .00 .000 PORTABLE X-RAY 0 0 .00 .00 .00 PROSTHETIST/ORTHOTISTS 11,989.35 203.21 .078 999.11

12	59		11,989.35		203.21	.078		999.11	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
2	10		439.42		43.94	.013		219.71	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
237	23,428		103,616.79		4.42	30.786		437.20	
23	4,314		115,087.34		26.68	5.669		5003.80	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
139	33,036		21,558.86		.65	43.411		155.10	
336	52,491	\$	529,598.39	\$	10.09	68.976	\$	1576.19	\$
250	6,739	\$	46,590.67	\$	6.91	8.855	\$	186.36	\$
	23 0 0 139 336	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0       0       .00         0       0       .00         2       10       439.42         0       0       .00         0       0       .00         237       23,428       103,616.79         23       4,314       115,087.34         0       0       .00         0       0       .00         139       33,036       21,558.86         336       52,491       \$ 529,598.39	0       0       .00         0       0       .00         2       10       439.42         0       0       .00         0       0       .00         237       23,428       103,616.79         23       4,314       115,087.34         0       0       .00         0       .00         139       33,036       21,558.86         336       52,491       \$ 529,598.39       \$	0       0       .00       .00         0       0       .00       .00         2       10       439.42       43.94         0       0       .00       .00         0       0       .00       .00         237       23,428       103,616.79       4.42         23       4,314       115,087.34       26.68         0       0       .00       .00         0       0       .00       .00         139       33,036       21,558.86       .65         336       52,491       \$ 529,598.39       \$ 10.09	0       0       .00       .00       .000         0       0       .00       .00       .000         2       10       439.42       43.94       .013         0       0       .00       .00       .000         0       0       .00       .00       .000         237       23,428       103,616.79       4.42       30.786         23       4,314       115,087.34       26.68       5.669         0       0       .00       .00       .000         0       0       .00       .00       .000         139       33,036       21,558.86       .65       43.411         336       52,491       \$ 529,598.39       \$ 10.09       68.976	0       0       .00       .00       .000         0       0       .00       .000       .000         2       10       439.42       43.94       .013         0       0       .00       .00       .000         0       0       .00       .00       .000         237       23,428       103,616.79       4.42       30.786         23       4,314       115,087.34       26.68       5.669         0       0       .00       .00       .000         0       0       .00       .00       .000         139       33,036       21,558.86       .65       43.411         336       52,491       \$       529,598.39       \$       10.09       68.976       \$	0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0       0

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

PA

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

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					MO1	NTHLY AVERA	GE -
43,000 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	30,552	128,516	\$ 12,675,465.35	\$ 98.63	2.989	414.88	\$
@PHYSICIANS SERVICES	4,339	13,129	\$ 1,103,101.00	\$ 84.02	.305	254.23	\$
OUTPATIENT VISITS	2,387	3,494	221,814.89	63.48	.081	92.93	
OFFICE VISITS	507	592	32,371.54	54.68	.014	63.85	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	982	1,102	69,177.47	62.77	.026	70.45	
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	
OB VISITS/COMPRE PERI	794	1,518	109,100.00	71.87	.035	137.41	
OTHER OUTPATIENT	252	281	11,128.49	39.60	.007	44.16	
INPATIENT VISITS	612	2,078	192,406.85	92.59	.048	314.39	
HOSPITAL VISITS	558	1,236	60,390.82	48.86	.029	108.23	
CRITICAL CARE	111	842	132,016.03	156.79	.020	1189.33	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	28	36	1,760.65	48.91	.001	62.88	

EXAMINATIONS	28	36		1,760.65		48.91	.001		62.88	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	768	2,270		400,907.82		176.61	.053		522.02	
PRINCIPAL SURGEON	516	574		318,982.78		555.72	.013		618.18	
ASSISTANT SURGEON	112	112		21,330.35		190.45	.003		190.45	
ANESTHESIOLOGIST	266	1,584		60,594.69		38.25	.037		227.80	
OUTPATIENT SURGERY	292	749		59,379.64		79.28	.017		203.35	
PRINCIPAL SURGEON	240	358		46,292.62		129.31	.008		192.89	
ASSISTANT SURGEON	1	1		186.50		186.50	.000		186.50	
ANESTHESIOLOGIST	68	390		12,900.52		33.08	.009		189.71	
DIALYSIS	2	2		432.53		216.27	.000		216.27	
PATHOLOGY	378	791		10,101.56		12.77	.018		26.72	
RADIOLOGY	1,361	1,996		81,513.46		40.84	.046		59.89	
PSYCHIATRY	1	1		64.88		64.88	.000		64.88	
IMMUNIZATION AND INJECTION	37	52		1,264.45		24.32	.001		34.17	
OTHER SERVICES/ALL X-OVERS	704	1,660		133,454.27		80.39	.039		189.57	
@PHARMACY	3,188	11,086	\$	1,114,083.40	\$	100.49	.258	\$	349.46	\$
PRESCRIPTION DRUGS	3,029	5,836		417,229.10		71.49	.136		137.74	
SNF/ICF	6	9		2,886.69		320.74	.000		481.12	
OUTPATIENTS	3,023	5,827		414,342.41		71.11	.136		137.06	
MEDICAL SUPPLIES	332	5,250		696,854.30		132.73	.122		2098.96	
@DENTIST	7,035	34,423	\$	985,889.02			.801	\$	140.14	\$
VISITS - DIAGNOSTIC	5,628	23,523		319,707.74		13.59	.547		56.81	
ORAL SURGERY	753	1,734		113,047.99		65.19	.040		150.13	
DRUGS	367	402		9,198.75		22.88	.009		25.06	
ANESTHESIA	168	172		15,442.96		89.78	.004		91.92	
PERIODONTICS	187	189		20,538.00 138.106.45		108.67	.004		109.83	
ENDODONTICS	533	1,149		138,106.45		120.20	.027		259.11	
RESTORATIVE DENTISTRY	2,007	6,311		320,612.40		50.80	.147		159.75	
PROSTHETICS	29	32		810.00		25.31	.001		27.93	
DENTURES, STAYPLATES	44	150		17,301.00		115.34	.003		393.20	
SPACE MAINTAINERS	55	63		8,213.00		130.37	.001		149.33	
MAXILLOFACIAL SERVICES	8	10		887.75		88.78	.000		110.97	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	213	270		21,197.98		78.51	.006		99.52	
ALL OTHER SERVICES	234	418		825.00		1.97	.010		3.53	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES M	MONTH-OF-PAYMENT RE	EPOR:	r for Jan	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DE	ENTAL								

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K

					00 0 01	00 /0 /10			
						M	ГИО	THLY AVERA	.GE -
USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
	OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG		USER	E
21	52	\$	941.02	\$	18.10	.001	\$	44.81	\$
16	18		453.94		25.22	.000		28.37	
12	34		487.08		14.33	.001		40.59	
0	0		.00		.00	.000		.00	
0	0	\$	.00	\$	.00	.000	\$	.00	\$
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0	\$	.00	\$	.00	.000	\$	.00	\$
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
98	417	\$	17,521.10	\$	42.02	.010	\$	178.79	\$
	21 16 12 0 0 0 0 0 0 0	OR DAYS OF CARE 21 52 16 18 12 34 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE  21	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAY PER ELIG           21         52         \$ 941.02         \$ 18.10         .001           16         18         453.94         25.22         .000           12         34         487.08         14.33         .001           0         0         .00         .00         .00         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .000         .000           0         0         .00         .00         .00         .000           0         0         .00         .00         .00         .00         .00           0 <t< td=""><td>USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS PER ELIG           21         52         \$ 941.02         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         .001         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000</td><td>OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           21         52         \$ 941.02         \$ 18.10         .001         \$ 44.81           16         18         453.94         25.22         .000         28.37           12         34         487.08         14.33         .001         40.59           0         0         .00         .00         .00         .00         .00           0         0         \$ .00         \$ .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         \$ .00         .00         .00         .00         .00           0         0         \$ .00         .00         .00         .00         .00           0         0         \$ .00         .00         .00         .00         .00           0         0         \$ .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00&lt;</td></t<>	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS PER ELIG           21         52         \$ 941.02         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         \$ 18.10         .001         .001         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000         .000	OR DAYS OF CARE         PER UNIT/DAY         PER ELIG         USER           21         52         \$ 941.02         \$ 18.10         .001         \$ 44.81           16         18         453.94         25.22         .000         28.37           12         34         487.08         14.33         .001         40.59           0         0         .00         .00         .00         .00         .00           0         0         \$ .00         \$ .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         \$ .00         .00         .00         .00         .00           0         0         \$ .00         .00         .00         .00         .00           0         0         \$ .00         .00         .00         .00         .00           0         0         \$ .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00<			

NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	0	0	Ġ	.00	Ś	.00	.000	Ś	.00	Ś
NURSE MIDWIFE	1 0 0 3,423	32	Š	1,174.60	\$	36.71	.001	Š	1174.60	\$
DEDIATRIC MIRCE DRACTITIONER	0	0	Ċ	.00		.00	.000			
FAMILY NURSE PRACTITIONER	0	0	\$ \$	.00		.00	.000		.00	\$
@TOTAL HOSPITAL	3 423	16 258	Ġ.	5,844,382.85					1707.39	
HOSP INPATIENT TOTAL	0 3,423 662 264	2,800	Y	5,488,773.03	Y	1960 28	.065	Y	8291.20	Y
HSC HOSPITALS	264	1,053		2,103,977.41		1960.28 1998.08	.003		7969.61	
		1,747		3,382,971.62		1936.45	.024		8415.35	
NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL	402	1,747		3,382,971.62		1936.45	.041			
ACCOMMODATIONS	402	1,747				534.34	.041		2322.10	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	402	1,747		933,484.60		534.34	.041		2322.10	
ANCILLARIES	402	0		2,449,487.02		.00	.000		6093.25	
INPATIENT CROSSOVERS	2	0		1,824.00		.00	.000		912.00	
ALL OTHER INPATIENT	0	0		2,449,487.02 1,824.00 .00 355,609.82 26.060.38		.00 26.42	()()()		.00	
HOSP OUTPATIENT TOTAL	3,098	13,458		355,609.82		26.42	.313		114.79	
MEDICAL	318						.011		81.95	
SURGERY	258	307		13,482.22		43.92	.007		52.26	
PATHOLOGY	1,226	4,522		49,397.15 69,874.02		43.92 10.92 81.44	.105		40.29	
RADIOLOGY	663	858		69,874.02		81.44	.020		105.39	
ROOM USE	1,586	2,082		81,773.28		39.28	.048		51.56	
HOSP OUTPATIENT TOTAL  MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	1,621	5.235					.122		70.96	
@COUNTY HOSPITAL TOTAL	51		\$	00 000 1=	\$	427.15	.004	\$	1574.58	\$
CO HOSPITAL INPATIENT TOTAL	16	58	·	74,590.46	·	1286.04	.001	·	4661.90	·
HSC HOSPITALS	15	57		74,219.12		1302.09	.001		4947.94	
NON-HSC HOSPITALS TOTAL	1	1		371.34		271 2/	000		371.34	
ACCOMMODATIONS	1	1		231.30		231.30	.000		231.30	
CROSSOVERS/ALL OTH OUTPTNT  @COUNTY HOSPITAL TOTAL  CO HOSPITAL INPATIENT TOTAL  HSC HOSPITALS  NON-HSC HOSPITALS TOTAL  ACCOMMODATIONS  ADMINISTRATIVE DAYS  TRANSITIONAL IP CARE  ALL OTHER ACCOM  ANCILLARIES  INPATIENT CROSSOVERS  ALL OTHER INPATIENT  CO HOSP OUTPATIENT TOTAL  MEDICAL	0	188 58 57 1 1 0 0 1		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00			.00	
ALL OTHER ACCOM	1	1		231.30			.000		231.30	
ANCTILIARTES	_ 1	0		140.04		.00	.000		140.04	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATTENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATTENT TOTAL	3 9	130		5,712.99					146.49	
MEDICAL	15	20		1,300.31		65.02	.000		86.69	
SURGERY	2	2		152.93		76.47	.000		76.47	
PATHOLOGY	8	14		151.01		10.79	.000		18.88	
RADIOLOGY	° 7	16		834.55		52.16	.000			
	28	37							119.22	
ROOM USE		3 / 41		1,504.56					53.73	
CROSSOVERS/ALL OTH OUTPINT			ם מ	1,769.63	מסמו	43.16		חח	126.40	D.A.
	MEDI-CAL SERVICES AN		KES .	MONTH-OF-PAYMENT RE	POK	T FOR JAN 20	US THRU	DEC	2 ∠005	PA
MOP024	FEE-FOR-SERVICE/DENT					0 5 5 5 5 5 5 5 6 5 6 5 6 6 6 6 6 6 6 6				

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J 7J 7K
----- MONTHLY AVERAGE -

							~-
43,000 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	3,373	16,070 \$	5,764,079.40	\$ 358.69	.374 \$	1708.89	\$
COMM HOSP INPATIENT TOTAL	646	2,742	5,414,182.57	1974.54	.064	8381.09	
HSC HOSPITALS	249	996	2,029,758.29	2037.91	.023	8151.64	
NON-HSC HOSPITALS TOTAL	401	1,746	3,382,600.28	1937.34	.041	8435.41	
ACCOMMODATIONS	401	1,746	933,253.30	534.51	.041	2327.31	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	401	1,746	933,253.30	534.51	.041	2327.31	
ANCILLARIES	401	0	2,449,346.98	.00	.000	6108.10	

INPATIENT CROSSOVERS	2	0		1,824.00		.00	.000		912.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	3,059	13,328		349,896.83		26.25	.310		114.38	
MEDICAL	303	434		24,760.07		57.05	.010		81.72	
SURGERY	256	305		13,329.29		43.70	.007		52.07	
	1,218	4,508		49,246.14		10.92	.105		40.43	
RADIOLOGY	656	842		69,039.47		81.99	.020		105.24	
ROOM USE	1,558	2,045		80,268.72		39.25	.048		51.52	
CROSSOVERS/ALL OTH OUTPTNT		5,194		113,253.14		21.80	.121		70.47	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ś	.00	\$
MENTALLY ILL	0	0	Υ	.00	Υ	.00	.000	۲	.00	۲
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	1	8	\$	1,894.56	\$	236.82	.000	Ś	1894.56	\$
LEV A-INTERMEDIATE	0	0	۲	.00	۲	.00	.000	۲	.00	۲
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	1	8		1,894.56		236.82	.000		1894.56	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ś	.00	\$
ICF DDH	0	0	۲	.00	۲	.00	.000	۲	.00	۲
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	2	111	Ċ	3,386.74	\$	30.51		Ġ	1693.37	\$
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Y	.00	ų
		111		3,386.74		30.51	.003		1693.37	
@REHABILITATION FACILITY	2 127	1,329	Ċ	22,394.28	\$	16.85	.031	Ġ		Ġ
HOSPITAL BASED	55	264	Y	7,618.28		28.86	.006	Y	138.51	ų
INDEPENDENT FACILITY	72	1,065		14,776.00		13.87	.025		205.22	
@LABORATORY FACILITY	72 1,287	3,875	\$	48,255.85	\$	12.45	.023	Ġ	37.49	Ġ
PATHOLOGY	1,287	3,875	Y	48,255.85		12.45	.090	Y	37.49	ų
XO AND OTHERS	1,207	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC		23,702	\$	3,271,146.95	\$		.551	۲.		\$
CLINIC	125	2,165	Ą	57,374.34	Ą	26.50	.050	Ą	131.90	Ą
SURGICENTER	433	2,165		60.00		60.00	.000		60.00	
HEROIN DETOX CLINIC	1	11		139.36		12.67	.000		139.36	
RURAL HEALTH CLINIC	435 1 1 12,521					149.29	.501		256.65	
#CALIF DEPT OF HEALTH SERV	MEDI CAI CEDITI	21,525			ם חטרום			חהמ		PA
	FEE-FOR-SERVICE		URES M	ONIH-OF-PAIMENI R	EPOR I	FOR JAN	2005 IHRU	DEC	. 2005	PP.
				M 34 39 3N 3T 3V	E4 E0	ET EW EV	6 T 7 T 7 V			
SANTA CRUZ COUNTY	SUMMARY OF SERV	VICES FOR MIN-NO	SUC-FA	M 34 39 3N 31 3V	54 55	) DU DW-DI			HLY AVERA	CE
43,000 ELIGIBLES	USERS	UNITS OF SERVI	~₽	EXPENDITURES	7/17/7	יסאפר פספיי	UNITS/DAY			C C
43,000 611616163	CALKS	OR DAYS OF CA		EVERNDI I OKE?			PER ELIG		USER	E
@ALL OTHER PROVIDERS	3,750	24,094		261,293.98	РЕК \$	10.84	.560		69.68	
	3,750 17	24,094 119	\$	4.767.94	Ą		.003			Ą
DURADIE MED. EUUIF.	<u></u>	119		4,/0/.94		±0.0/	. 0 0.3		400.4/	

					11011	11111 1 11V 11C1C	
43,000 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	3,750	24,094 \$	261,293.98	\$ 10.84	.560 \$	69.68	\$
DURABLE MED. EQUIP.	17	119	4,767.94	40.07	.003	280.47	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	5	10	4,372.38	437.24	.000	874.48	
MEDICAL TRANSPORTATION	116	1,512	34,416.13	22.76	.035	296.69	
AMBULANCES/AIR TRANS	115	1,475	20,290.55	13.76	.034	176.44	
OTHER TRANS	1	8	43.10	5.39	.000	43.10	
OTHER SERVICES	29	29	14,082.48	485.60	.001	485.60	
ACUPUNCTURE	16	39	692.48	17.76	.001	43.28	
ADULT DAY HEALTH CARE CTR	5	53	3,687.74	69.58	.001	737.55	
GENETIC DISEASE TESTING	248	248	25,992.00	104.81	.006	104.81	
IHMC, MODEL-NF, NF, AIDS, MSSP	9	368	10,308.36	28.01	.009	1145.37	

OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1,215	2,732	24,684.98	9.04	.064	20.32	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	10	53	9,837.62	185.62	.001	983.76	
PROSTHETICS	10	53	9,837.62	185.62	.001	983.76	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	33	139	5,214.71	37.52	.003	158.02	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	2,078	11,537	128,252.67	11.12	.268	61.72	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	20	7,284	9,066.97	1.24	.169	453.35	
@CALIF. CHILDREN SERVICES*	1,939	23,294	\$ 3,063,967.26	\$ 131.53	.542	\$ 1580.18	\$
@XOVER EXCLUDING STATE HOSP**	4	2	\$ 1,841.13	\$ 920.57	.000	\$ 460.28	\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

			 		MON	THLY AVERA	GE -
43,825 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
,		OR DAYS OF CARE		PER UNIT/DAY		USER	E
@TOTAL, ALL PROVIDERS	35,791	250,343	\$ 15,972,276.32	\$ 63.80	5.712 \$	446.27	\$
@PHYSICIANS SERVICES	4,540	13,894	\$ 1,121,019.44		.317 \$		\$
OUTPATIENT VISITS	2,431	3,546	224,032.56	63.18	.081	92.16	
OFFICE VISITS	529	619	33,289.02	53.78	.014	62.93	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	989	1,110	69,854.85	62.93	.025	70.63	
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	
OB VISITS/COMPRE PERI	794	1,518	109,100.00	71.87	.035	137.41	
OTHER OUTPATIENT	268	298	11,751.30	39.43	.007	43.85	
INPATIENT VISITS	616	2,091	192,850.46	92.23	.048	313.07	
HOSPITAL VISITS	562	1,249	60,834.43	48.71	.028	108.25	
CRITICAL CARE	111	842	132,016.03	156.79	.019	1189.33	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	35	45	2,068.37	45.96	.001	59.10	
EXAMINATIONS	35	45	2,068.37	45.96	.001	59.10	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	770	2,301	401,607.76	174.54	.053	521.57	
PRINCIPAL SURGEON	516	574	318,982.78	555.72	.013	618.18	
ASSISTANT SURGEON	112	112	21,330.35	190.45	.003	190.45	
ANESTHESIOLOGIST	268	1,615	61,294.63	37.95	.037	228.71	
OUTPATIENT SURGERY	303	774	61,672.15	79.68	.018	203.54	
PRINCIPAL SURGEON	248	370	48,112.61	130.03	.008	194.00	
ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	
ANESTHESIOLOGIST	71	403	13,373.04	33.18	.009	188.35	
DIALYSIS	2	2	432.53	216.27	.000	216.27	
PATHOLOGY	388	874	11,103.39	12.70	.020	28.62	
RADIOLOGY	1,382	2,032	82,725.11	40.71	.046	59.86	
PSYCHIATRY	2	2	88.10	44.05	.000	44.05	

IMMUNIZATION AND INJECTION	39	57		1,291.70		22.66	.001		33.12	
OTHER SERVICES/ALL X-OVERS	836	2,170		143,147.31		65.97	.050		171.23	
@PHARMACY	5,171	42,325	\$	2,247,553.61	\$	53.10	.966	\$	434.65	\$
PRESCRIPTION DRUGS	4,966	11,881		1,530,251.42		128.80	.271		308.15	
SNF/ICF	95	218		58,712.34		269.32	.005		618.02	
OUTPATIENTS	4,875	11,663		1,471,539.08		126.17	.266		301.85	
MEDICAL SUPPLIES	448	30,444		717,302.19		23.56	.695		1601.12	
@DENTIST	7,629	37,007	\$	1,079,414.77	\$	29.17	.844	\$	141.49	\$
VISITS - DIAGNOSTIC	6,061	25,097	·	338,556.79	·	13.49	.573	·	55.86	·
ORAL SURGERY	858	2,088		130,062.24		62.29	.048		151.59	
DRUGS	370	406		9,243.75		22.77	.009		24.98	
ANESTHESIA	192	199		17,742.96		89.16	.005		92.41	
PERIODONTICS	222	225		24,597.00		109.32	.005		110.80	
ENDODONTICS	574	1,211		149,367.45		123.34	.028		260.22	
RESTORATIVE DENTISTRY	2,131	6,598		340,751.45		51.64	.151		159.90	
PROSTHETICS	36	41		1,235.00		30.12	.001		34.31	
DENTURES, STAYPLATES	95	306		36,584.40		119.56	.007		385.10	
SPACE MAINTAINERS	55	63		8,213.00		130.37	.001		149.33	
MAXILLOFACIAL SERVICES	9	11		987.75		89.80	.000		109.75	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	214	278		21,197.98		76.25	.006		99.06	
ALL OTHER SERVICES	268	484		875.00		1.81	.011		3.26	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	IONTH-OF-PAYMENT RE	EPOR'I	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE	DENTAL								
SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR MN - N	O SOC	C - TOTAL						
									HLY AVERA	GE -
43.825 ELIGIBLES	USERS	UNITS OF SERVIC	'E:	EXPENDITIRES	AVE	RAGE COS	T IMITE/DAY	S	COST PER	$\mathcal{C}$

								JI .		<u></u>
43,825 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVER	RAGE COST	UNITS/DAYS	3	COST PER	C
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	44	104	\$	1,850.86	\$	17.80	.002	\$	42.07	\$
DIAGNOSTIC AND ANC. PROCED	23	26		675.17		25.97	.001		29.36	
EYE APPLIANCES	31	76		1,169.34		15.39	.002		37.72	
OTHER OPTOMETRIC SERVICES	1	2		6.35		3.18	.000		6.35	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	47	91	\$	2,032.18	\$	22.33	.002	\$	43.24	\$

MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	47	91		2,032.18		22.33	.002		43.24	
@HOME HEALTH AGENCY	148	8,059	\$	286,927.58	\$	35.60	.184	\$	1938.70	\$
NURSE ANESTHESIST	0	, 0	Ė	, 00	Ė	.00	.000			
NURSE MIDWIFE	1	32	Š	1.174.60	Š	36.71	. 001		1174.60	
DEDIATRIC MIRCE DRACTITIONER	0	0	Ċ	1,1,1,00	Ċ	00172	.000		.00	
FAMILY MIDGE DDACTITIONED	0	0	Ġ	.00	Ġ.	.00	.000			
OTOTAL BOCDITAL	2 572	16 726	٠ ک	.00 E 052 200 12	ڄ ٻ	255 65	202	بن	1665 00	۲,
UCCD INDATIFAT TOTAL	702	10,730	٢	5,952,209.13	Ą	1050 00	.362	Ą	7045 55	ې
HOSE INFAILENT TOTAL	703	2,050		2,365,721.06		1959.90	.005		7945.55	
NON HOG HOODIENT ECENT	270	1,076		2,141,829.41		1990.55	.025		7932.70	
NON-HSC HOSPITAL TOTAL	405	1,//4		3,425,430.05		1930.91	.040		7945.55 7932.70 8457.85 2334.79 .00 2334.79 6123.07 542.99	
ACCOMMODATIONS	405	1,//4		945,588.70		533.03	.040		2334.79	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	405	1,774		945,588.70		533.03	.040		2334.79	
ANCILLARIES	405	0		2,479,841.35		.00	.000		6123.07	
INPATIENT CROSSOVERS	34	0		18,461.62		.00	.000		542.99	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	3,211	13,886		366,488.05		26.39	.317		.00 114.14 80.18	
MEDICAL	332	472		26,618.66		56.40	.011		80.18	
SURGERY	261	310		13,523.46		43.62	.007		51.81	
PATHOLOGY	1,245	4,599		50,350.26		10.95	.105		51.81 40.44	
RADIOLOGY	, 677	, 876		70,906.75		80.94	.020		104.74	
ROOM USE	1.611	2.112		82,830,67		39.22	.048		104.74 51.42	
MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT #CALIF DEPT OF HEALTH SERV	1.692	-, 5.517		122.258.25		22.16	.126		72.26	
@COUNTY HOSPITAL TOTAL	50	204	Ś	80.742.59	Ś	395 80	005	Ś	1345.71	Ś
CO HOSPITAL INPATIENT TOTAL	16	58	٣	74 590 46	4	1286 04	001	~	4661 90	۲
HSC HOSTITALS	15	5 7 5 7		74 219 12		1302 09	001		4947 94	
MON_USC HOSDITALS TOTAL	1	1		7 <b>7 , 2 1 3 . 1 2</b> . 1 2 <i>1</i>		371 3/	000		4661.90 4947.94 371.34	
ACCOMMODATIONS	1	1		221 20		221 20	.000		231.30	
ACCOMMODAL TONS	1	1		231.30		231.30	.000		.00	
ADMINISTRATIVE DATS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	1	1		231.30		231.30	.000		231.30	
ANCILLARIES	1	0		140.04		.00	.000			
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATTENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	48	146		6,152.13		42.14	.003		128.17 85.04 76.47	
MEDICAL	17	22		1,445.75		65.72	.001		85.04	
SURGERY	2	2		152.93		76.47	.000		76.47	
PATHOLOGY	11	20		208.50		10.43	.000		18.95 119.22	
RADIOLOGY	7	16		834.55		52.16	.000		119.22	
ROOM USE	28	37		1,504.56 2,005.84		40.66	.001		53.73	
CROSSOVERS/ALL OTH OUTPTNT	19	49		2,005.84		40.94	.001		105.57	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURE	ES I	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE	E/DENTAL								
MOP024 SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SO	C - TOTAL						
							M	ONT	HLY AVER	AGE -
43,825 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CARE			PΕ	R UNIT/DAY	PER ELIG		USER	E
@COMMUNITY HOSPITAL TOTAL	3,514			5,871,466.54		,	.377			
COMM HOSP INPATIENT TOTAL	687				т.					

2,792

1,019

1,773

5,511,130.62

2,067,610.29

3,425,058.71

1973.90

2029.06

1931.79

.064

.023

.040

8022.02

8108.28

8477.87

687

255

404

COMM HOSP INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

HSC HOSPITALS

ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	404	1,773		945,357.40		533.20	.040		2339.99	
ACCOMMODATIONS ADMINITETRATIONS	0	1,773		.00		.00	.000		.00	
TDANCTTTONAL TO CADE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	404	1,773		945,357.40		533.20	.040		2339.99	
ALL OTHER ACCOM	404	1,773								
ANCILLARIES	404	0		2,479,701.31		.00	.000		6137.87	
INPATIENT CROSSOVERS	34			18,461.62		.00	.000		542.99	
INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0	0 13,740		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	3,163			360,335.92		26.23	.314		113.92	
MEDICAL	315	450		25,172.91		55.94			79.91	
SURGERY	259	308		13,370.53		43.41			51.62	
PATHOLOGY	1,234	4,579		50,141.76		10.95	.104		40.63	
RADIOLOGY	670	860		70,072.20		81.48	.020		104.59	
ROOM USE	1,583	2,075		81,326.11		39.19			51.37	
CROSSOVERS/ALL OTH OUTPTNT	1,673	5,468		120,252.41		21.99	.125		71.88	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	4	43	\$	10,183.26	\$	236.82	.001	\$	2545.82	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
@STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY  LEV A-INTERMEDIATE  LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	4	43		10,183.26		236.82	.001		2545.82	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ś	.00	\$
	0	0	7	.00	т.	.00	.000		.00	7
TCF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	6	116	\$	5,419.22	\$	46.72	.003			\$
HOSPITAL BASED	0	0	۲	.00	Υ	.00	.000	۲	.00	۲
HEMODIALYSIS CENTER	6	116		5,419.22		46.72	.003		903.20	
@PFHARII.TTATION FACTI.TTV	215	2,779	Ċ	41,394.29	\$	14.90	.063			\$
HOGDITAL BAGED	50	270	Y			29.33	.005	Y	134.23	Y
TMDEDENDENT ENCIT TOV	156	2,509		33,474.45		13.34	.057		214.58	
@LABORATORY FACILITY	1 206	3,874	Ġ	48,214.62		12.45	.088		37.20	\$
INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	1,290	3,869	Ą	48,162.84		12.45	.088		37.20	Ą
VO AND OTHERS	1,234	5,009		51.78		10.36	.000		25.89	
@ORGANIZED OUTPATIENT CLINIC	14 027		<u>ب</u>		۲.	146.50	.678			<u>ب</u>
CLINIC CLINIC	14,937 441	29,704 2,171	\$	4,351,728.72	Þ	26.48	.050	Þ	291.34 130.35	\$
SURGICENTER	441			57,485.38						
SURGICENTER	3	11		968.16		88.01	.000		322.72	
HEROIN DETOX CLINIC	441 3 1 14,499	11		139.36		12.67	.000		139.36	
RURAL HEALTH CLINIC	14,499	27,511	DEC	4,293,135.82		156.05	.628	DEC	296.10	D.7
#CALIF DEPT OF HEALTH SERV			KES M	ONTH-OF-PAYMENT R	EPOR'.	r rok jan	∠UU5 THRU	DE(	2005	PA:
MOP024	FEE-FOR-SERVICE/I	JENTAL								

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - TOTAL

----- MONTHLY AVERAGE -USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 43,825 ELIGIBLES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @ALL OTHER PROVIDERS 4,723 95,579 823,154.04 8.61 2.181 \$ 174.29 \$ DURABLE MED. EQUIP. 47 252 34,331.74 136.24 .006 730.46 0 0 .00 .000 .00 BLOOD BANK .00 HEARING AID DISPENSERS 5 10 4,372.38 .000 437.24 874.48 MEDICAL TRANSPORTATION 123 1,550 35,271.92 22.76 .035 286.76 AMBULANCES/AIR TRANS 122 1,512 21,136.46 13.98 .035 173.25 OTHER TRANS 1 8 43.10 5.39 .000 43.10

OTHER SERVICES	30	30		14,092.36		469.75	.00	1	469.75	
ACUPUNCTURE	23	60		1,044.13		17.40	.00	1	45.40	
ADULT DAY HEALTH CARE CTR	8	76		5,308.96		69.85	.00		663.62	
GENETIC DISEASE TESTING	249	249		26,097.00		104.81	.00		104.81	
IHMC, MODEL-NF, NF, AIDS, MSSP	146	8,527		276,740.58		32.45	.19		1895.48	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.00		.00	
OPTICIAN	1,621	3,702		34,539.58		9.33	.08		21.31	
PHYSICAL THERAPIST	1,021	0,702		.00		.00	.00		.00	
PORTABLE X-RAY	0	0		.00		.00	.00		.00	
PROSTHETIST/ORTHOTISTS	22	112		21,826.97		194.88	.00		992.14	
•				,						
PROSTHETICS	22	112		21,826.97		194.88	.00		992.14	
ORTHOTICS	0	0		.00		.00	.00	0	.00	
PSYCHOLOGIST	0	0		.00		.00	.00	0	.00	
SPEECH AND AUDIOLOGY	35	149		5,654.13		37.95	.00	3	161.55	
HOSPICE SERVICES	0	0		.00		.00	.00	0	.00	
NONINST BIRTHING CENTERS	0	0		.00		.00	.00	0	.00	
LOCAL EDUCATION AGENCIES	2,315	34,965		231,869.46		6.63	.79	8	100.16	
EPSDT SUPPLEMENTAL SERVICE	23	4,314		115,087.34		26.68	.09	8	5003.80	
RESPIRATORY CARE PRACT.	0	. 0		.00		.00	.00	0	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.00	0	.00	
ALL OTHER PROVIDERS	171	41,613		31,009.85		.75	.95	0	181.34	
@CALIF. CHILDREN SERVICES*	2,275	75,785	\$	3,593,565.65	\$	47.42	1.72			\$
@XOVER EXCLUDING STATE HOSP**	282	6,794	\$	43,955.62	\$	6.47	.15		\$ 155.87	\$
OF MOMATA IN MIDAD LINDA ADD ATM			T III II /	NATT 37	•				•	

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SANTA CRUZ COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

AID CODE 17 1Y

SUMMARY OF SERVICES FOR MN - SOC - AGED

----- MONTHLY AVERAGE 09 ELIGIBLES USERS UNITS OF SERVICE **EXPENDITURES** AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @TOTAL, ALL PROVIDERS 29 115 \$ 8,600.67 \$ 74.79 12.778 \$ 296.57 3.34 @PHYSICIANS SERVICES 1 3 \$ 10.01 .333 \$ 10.01 OUTPATIENT VISITS 0 .00 .00 .000 .00 OFFICE VISITS .00 .00 .00 .000 0 HOME VISITS .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .000 .00 0 PREVENTIVE CARE .00 .00 .000 .00 0 .00 OB VISITS/COMPRE PERI .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 0 CRITICAL CARE .00 .00 .000 .00 0 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES 0 .00 .00 .000 .00 **EXAMINATIONS** .00 .00 .000 .00 SERVICES AND MATERIALS 0 .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .000 0 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 **OUTPATIENT SURGERY** 0 .00 .00 .000 .00 .00 PRINCIPAL SURGEON 0 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00

ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
PSYCHIATRY	0	0		.00		.00	.000		.00	
	0	•								
IMMUNIZATION AND INJECTION	Ü	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	1	3		10.01		3.34	.333		10.01	
@PHARMACY	9	24	\$	2,118.90	\$	88.29	2.667	\$	235.43	\$
PRESCRIPTION DRUGS	9	24		2,118.90		88.29	2.667		235.43	
SNF/ICF	3	9		903.68		100.41	1.000		301.23	
OUTPATIENTS	6	15		1,215.22		81.01	1.667		202.54	
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00	
@DENTIST	4	29	\$	572.00	\$	19.72	3.222	Ġ	143.00	\$
	4	21	۲	255.00	ų	12.14	2.333	۲		۲
VISITS - DIAGNOSTIC	4								63.75	
ORAL SURGERY	<u> </u>	2		80.00		40.00	.222		80.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	1	1		.00		.00	.111		.00	
RESTORATIVE DENTISTRY	1	5		237.00		47.40	.556		237.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
	0	0								
MAXILLOFACIAL SERVICES	0	•		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERV	ICES AND EXPENDITU	JRES N	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2005 THRU	DEC	2005	₽₽
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVI		URES N	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2005 THRU	DEC	2005	PΑ
	FEE-FOR-SERVI					FOR JAN 2  D CODE 17		DEC	2005	PA
MOP024	FEE-FOR-SERVI	CE/DENTAL					1Y			
MOP024 SANTA CRUZ COUNTY	FEE-FOR-SERVION SUMMARY OF SEI	CE/DENTAL RVICES FOR MN - S	SOC -	AGED	AI	D CODE 17	1Y M	TNOI	HLY AVERA	GE -
MOP024	FEE-FOR-SERVI	CE/DENTAL RVICES FOR MN - S UNITS OF SERVIO	SOC - CE		AI AVE	D CODE 17	1Y M UNITS/DAY	IONT	HLY AVERA	GE - C
MOP024 SANTA CRUZ COUNTY 09 ELIGIBLES	FEE-FOR-SERVIC SUMMARY OF SEI USERS	CE/DENTAL RVICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAR	SOC - CE RE	AGED EXPENDITURES	AI AVE PER	D CODE 17 RAGE COST UNIT/DAY	1Y M UNITS/DAY PER ELIG	IONT S	HLY AVERA COST PER USER	GE - C E
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST	FEE-FOR-SERVIC SUMMARY OF SEI USERS	CE/DENTAL RVICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAN	SOC - CE	AGED EXPENDITURES .00	AI AVE	D CODE 17 RAGE COST UNIT/DAY .00	1Y M UNITS/DAY PER ELIG	IONT S	HLY AVERA COST PER USER .00	GE - C
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0	CE/DENTAL RVICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAR 0 0	SOC - CE RE	AGED EXPENDITURES .00 .00	AI AVE PER	D CODE 17 RAGE COST UNIT/DAY .00	1Y M UNITS/DAY PER ELIG .000 .000	IONT S	HLY AVERA COST PER USER .00 .00	GE - C E
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0 0	CE/DENTAL RVICES FOR MN - S UNITS OF SERVIC OR DAYS OF CAR 0 0 0	SOC - CE RE	AGED  EXPENDITURES  .00 .00 .00	AI AVE PER	D CODE 17 RAGE COST UNIT/DAY .00 .00	1Y M UNITS/DAY PER ELIC .000 .000	IONT S	HLY AVERA COST PER USER .00 .00	GE - C E
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC  OR DAYS OF CAR  0  0  0  0	SOC - CE RE \$	AGED  EXPENDITURES  .00 .00 .00 .00	AI AVE PER \$	D CODE 17 RAGE COST UNIT/DAY .00 .00 .00	1Y M UNITS/DAY PER ELIG .000 .000 .000	IONT S ; \$	CHLY AVERA COST PER USER .00 .00 .00	GE - C F \$
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC  OR DAYS OF CAR  0  0  0  0  0  0	SOC - CE RE	AGED  EXPENDITURES  .00 .00 .00	AI AVE PER	D CODE 17 RAGE COST UNIT/DAY .00 .00	1Y M UNITS/DAY PER ELIC .000 .000	IONT S ; \$	HLY AVERA COST PER USER .00 .00	GE - C E
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC  OR DAYS OF CAR  0  0  0  0	SOC - CE RE \$	AGED  EXPENDITURES  .00 .00 .00 .00	AI AVE PER \$	D CODE 17 RAGE COST UNIT/DAY .00 .00 .00	1Y M UNITS/DAY PER ELIG .000 .000 .000	IONT S ; \$	CHLY AVERA COST PER USER .00 .00 .00	GE - C F \$
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC  OR DAYS OF CAR  0  0  0  0  0  0	SOC - CE RE \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00	AI AVE PER \$	D CODE 17 RAGE COST UNIT/DAY .00 .00 .00 .00	1Y M UNITS/DAY PER ELIC .000 .000 .000 .000	IONT S ; \$	CHLY AVERA COST PER USER .00 .00 .00	GE - C F \$
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC OR DAYS OF CAR 0 0 0 0 0 0	SOC - CE RE \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00	AI AVE PER \$	D CODE 17 RAGE COST UNIT/DAY .00 .00 .00 .00 .00	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	IONT S \$ \$ \$	CHLY AVERA COST PER USER .00 .00 .00 .00	GE - C F \$
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC OR DAYS OF CAN 0 0 0 0 0 0 0 0	SOC - CE RE \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00	AI AVE PER \$	D CODE 17  RAGE COST  .00 .00 .00 .00 .00 .00 .00 .00 .00	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	IONT S \$ \$ \$	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	GE - C F \$
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVIC SUMMARY OF SEI  USERS  0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC OR DAYS OF CAN 0 0 0 0 0 0 0 0 0 0	SOC - CE RE \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AI AVE PER \$	D CODE 17  RAGE COST	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	GE - C F \$
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVIC SUMMARY OF SEI USERS 0 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC OR DAYS OF CAR 0 0 0 0 0 0 0 0 0 0 0	SOC - CE RE \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AI AVE PER \$	D CODE 17  RAGE COST  UNIT/DAY  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C F \$
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVIC SUMMARY OF SEI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC OR DAYS OF CAN 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC - CE RE \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AI AVE PER \$	D CODE 17  RAGE COST  UNIT/DAY  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C F \$
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVIC SUMMARY OF SEI  USERS  0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC OR DAYS OF CAN 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC - CE RE \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AI AVE PER \$	D CODE 17  RAGE COST  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C F \$
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	FEE-FOR-SERVIC SUMMARY OF SEI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC OR DAYS OF CAN 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC - CE RE \$ \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AI AVE PER \$	D CODE 17  RAGE COST  UNIT/DAY  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVIC SUMMARY OF SEI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC OR DAYS OF CAN 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC - CE RE \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AI AVE PER \$	D CODE 17  RAGE COST	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT'S ; \$ \$ \$	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C H G \$ \$ \$ \$
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	FEE-FOR-SERVIC SUMMARY OF SEI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC OR DAYS OF CAN 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC - CE RE \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AI AVE PER \$ \$	D CODE 17  RAGE COST	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT'S ; \$ \$ \$	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVIC SUMMARY OF SEI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC OR DAYS OF CAN 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC - CE RE \$ \$ \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AI AVE PER \$	D CODE 17  RAGE COST	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT'S ; \$ \$ \$	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C H G \$ \$ \$ \$
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	FEE-FOR-SERVIC SUMMARY OF SEI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC OR DAYS OF CAN 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC - CE RE \$ \$ \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AI AVE PER \$ \$	D CODE 17  RAGE COST	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT'S ; \$ \$ \$	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C H G \$ \$ \$ \$
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVIC SUMMARY OF SEI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC OR DAYS OF CAR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC - CE RE \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AI AVE PER \$ \$ \$	D CODE 17  RAGE COST	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$ \$ \$ \$ \$ \$	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C F 당 당 당 당 당 당당당당
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	FEE-FOR-SERVIC SUMMARY OF SEI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC OR DAYS OF CAR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC - CE RE \$ \$ \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AI AVE PER \$ \$ \$ \$ \$	D CODE 17  RAGE COST	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$ \$ \$ \$ \$ \$	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C H 당
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVIC SUMMARY OF SEI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC OR DAYS OF CAR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC - CE RE \$ \$ \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AI AVE PER \$ \$ \$ \$ \$	D CODE 17  RAGE COST	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$ \$ \$ \$ \$ \$	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C H 당
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVIC SUMMARY OF SEI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC OR DAYS OF CAR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC - CE RE \$ \$ \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AI AVE PER \$ \$ \$ \$ \$	D CODE 17  RAGE COST	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$ \$ \$ \$ \$ \$	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C H 당
MOP024 SANTA CRUZ COUNTY  09 ELIGIBLES  @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES  @CHIROPRACTOR VISITS OTHER SERVICES  @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER  @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	FEE-FOR-SERVIC SUMMARY OF SEI  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR MN - S  UNITS OF SERVIC OR DAYS OF CAR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC - CE RE \$ \$ \$	AGED  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AI AVE PER \$ \$ \$ \$ \$	D CODE 17  RAGE COST	1Y M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	IONT S \$ \$ \$ \$ \$ \$ \$ \$	CHLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	- C H 당

	_	_					
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	•
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITURES MC	NTH-OF-PAYMENT REPORT	FOR JAN 2009	THRU DE	EC 2005	PA:
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR		GED AII	CODE 17 1Y			
					MON	THLY AVERA	.GE -
00 51 10151 50	TIGED G IDITES	0		3 AE AAAE 131	-ma /pa 11a	GOGE DED	_

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C

09 ELIGIBLES

		OR DAYS OF CA	ARE		PER	UNIT/DAY	PER ELIG		USER	E
@COMMUNITY HOSPITAL TOTAL	0	010 21112 01 01	\$	.00	\$	.00	.000		.00	\$
COMM HOSP INPATIENT TOTAL	0	0	τ	.00	т	.00	.000	т	.00	т
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
	0	0							.00	
COMM HOSP OUTPATIENT TOTAL	0			.00		.00	.000			
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	т	.00	т	.00	.000	т	.00	т
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	۲	.00	Y	.00	.000	Y	.00	۲
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$		\$	.00	.000	\$	.00	\$
	0	0	Ą	.00	Ą			Ą		Ą
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	۲.	.00	۲.	.00	.000	ė.	.00	<u>ب</u>
@LABORATORY FACILITY	0		\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	U	0	4	.00	4	.00	.000	4	.00	4
@ORGANIZED OUTPATIENT CLINIC	/	13	\$	2,839.42	\$	218.42	1.444	\$	405.63	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	7	13		2,839.42		218.42	1.444		405.63	
#CALIF DEPT OF HEALTH SERV			TURES	MONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2005 THRU	DEC	2005	PΑ
MOP024	FEE-FOR-SERVIC	•								
SANTA CRUZ COUNTY	SUMMARY OF SER	VICES FOR MN -	SOC -	AGED	AI	D CODE 17				
							M			GE -
09 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES		RAGE COST	,		COST PER	C
		OR DAYS OF C	ARE		PER	NIT/DAY	PER ELIG		USER	
@ALL OTHER PROVIDERS	9	46	\$	3,060.34	\$	66.53	5.111	\$	340.04	\$
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	

BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	6	34	2,765.08	81.33	3.778	460.85	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	2	4	33.06	8.27	.444	16.53	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	2	8	262.20	32.78	.889	131.10	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
@XOVER EXCLUDING STATE HOSP**	3	11 \$	272.21	\$ 24.75	1.222 \$	90.74 \$	
♠★ TOTALC IN THECE IINEC ADE CIVEN	7 C 7 CED7D7 TT	TATEODMATTON TTEM ON	TT V.				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - SOC - BLIND AID CODE 27

DANIA CROZ COUNTI	DOMINANT OF DER	VICED FOR PIN E	000	שודווט	AID CODE	. 4 /		
						MC	ONTHLY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CAR	RΕ		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	0	0	\$	.00	\$ .00	.000	\$ .00	\$
@PHYSICIANS SERVICES	0	0	\$	.00	\$ .00	.000	\$ .00	\$
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	
OFFICE VISITS	0	0		.00	.00	.000	.00	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	
@PHARMACY	0	0	\$	.00 \$	.00	.000	\$ .00	\$
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	0	0		.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	
@DENTIST	0	0	\$	.00 \$	.00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURI	ES MONTH-OF-	PAYMENT REPORT	FOR JAN 20	05 THRU D	EC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL							
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR	MN - SO	C - BLIND		AID CODE 2	7		

----- MONTHLY AVERAGE -00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @OPTOMETRIST .000 \$ 0 0 .00 .00 .00 \$ DIAGNOSTIC AND ANC. PROCED .00 .00 .000 .00 .00 EYE APPLIANCES .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 \$ @CHIROPRACTOR .00 .000 \$ .00 VISITS .00 .000 .00 .00 OTHER SERVICES .00 .000 .00 .00 @PODIATRIST .00 .000 \$ .00 .00 .000 MEDICINE/INJECTIONS .00 .00 .00 SURGERY/ANES. .000 .00 .00 .00 .00 RADIO./PATHOLOGY 0 .00 .000 .00 OTHER .00 .000 .00 .00 \$ @HOME HEALTH AGENCY .000 \$ .00 .00 .00 \$ .00 .000 \$ NURSE ANESTHESIST .00 .00 \$ .000 \$ NURSE MIDWIFE .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$ .00 FAMILY NURSE PRACTITIONER .00 .00 .000 \$ .00

@TOTAL HOSPITAL	0	0	\$	.0	0 \$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0	0		.0	0	.00	.000		.00	
HSC HOSPITALS	0	0		.0	0	.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.0	0	.00	.000		.00	
ACCOMMODATIONS	0	0		.0	0	.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.0	0	.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.0	0	.00	.000		.00	
ALL OTHER ACCOM	0	0		.0	0	.00	.000		.00	
ANCILLARIES	0	0		.0		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.0		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.0		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.0		.00	.000		.00	
MEDICAL	0	0		.0		.00	.000		.00	
SURGERY	0	0		.0		.00	.000		.00	
PATHOLOGY	0	0		.0		.00	.000		.00	
RADIOLOGY	0	0		.0		.00	.000		.00	
	0	0		.0		.00	.000			
ROOM USE	0	0							.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.0		.00	.000	Ċ.	.00	4
@COUNTY HOSPITAL TOTAL	0	0	\$	.0		.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.0		.00	.000		.00	
HSC HOSPITALS	0	0		.0	-	.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.0		.00	.000		.00	
ACCOMMODATIONS	0	0		.0		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.0		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.0		.00	.000		.00	
ALL OTHER ACCOM	0	0		.0	0	.00	.000		.00	
ANCILLARIES	0	0		.0	0	.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.0	0	.00	.000		.00	
ALL OTHER INPATIENT	0	0		.0	0	.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.0	0	.00	.000		.00	
MEDICAL	0	0		.0	0	.00	.000		.00	
SURGERY	0	0		.0	0	.00	.000		.00	
PATHOLOGY	0	0		.0	0	.00	.000		.00	
RADIOLOGY	0	0		.0	0	.00	.000		.00	
ROOM USE	0	0		.0	0	.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.0		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV		ICES AND EXPENDI	TURES	MONTH-OF-PAYMENT		RT FOR JAN 2		DEC 20		PΑ
MOP024	FEE-FOR-SERVI		101120	01				220 20	, , ,	
SANTA CRUZ COUNTY		RVICES FOR MN -	SOC -	BLIND		AID CODE	27			
DINVIII GROZ GOOWII	DOINING OF DE	itticas for fit	500	BEINE		THE CODE	M	ONTHIA	Y AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF SERV	TCE	EXPENDITURE	S Z	VERAGE COST				C
00 HHIGIDHED	орыко	OR DAYS OF C				ER UNIT/DAY			JSER	E
@COMMUNITY HOSPITAL TOTAL	0	0. DAID OF C		.0		,	.000		.00	\$
COMM HOSP INPATIENT TOTAL	0	0	т	.0		.00	.000	Y	.00	۲
HSC HOSPITALS	0	0		.0		.00	.000		.00	
	0	0								
NON-HSC HOSPITALS TOTAL	0	0		.0		.00	.000		.00	
ACCOMMODATIONS	0	0		.0		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.0		.00	.000		.00	

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TRANSITIONAL IP CARE

COMM HOSP OUTPATIENT TOTAL

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

ANCILLARIES

MEDICAL

0

0

0

0

SURGERY	0	0			.00		.00	.000		.00	
PATHOLOGY	0	0			.00		.00	.000		.00	
RADIOLOGY	0	0			.00		.00	.000		.00	
ROOM USE	0	0			.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0			.00		.00	.000		.00	
@STATE HOSPITAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0			.00		.00	.000		.00	
DEVELOP. DISABLED	0	0			.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00	
LEV B-REHAB MD	0	0			.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00	
LEV B-REGULAR	0	0			.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0			.00		.00	.000		.00	
ICF DD	0	0			.00		.00	.000		.00	
ICF DDN/DDCN	0	0			.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0			.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0			.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0			.00		.00	.000		.00	
XO AND OTHERS	0	0			.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$		.00	\$	.00	.000	\$	.00	\$
CLINIC	0	0			.00		.00	.000		.00	
SURGICENTER	0	0			.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0			.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDIT	URES	MONTH-OF-	-PAYMENT RE	EPORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL										
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR	MN -	SOC -	BLIND			AID CODE	27			

----- MONTHLY AVERAGE -

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS (	COST PER C
•• ======		OR DAYS OF CARE		PER UNIT/DAY		USER E
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$
⊕+ TOTALC IN THECE I THEC ADE CIVI	אל אכי א כיבים אד	ATECDMATE INCTINACIONAL	T V .			

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - SOC - DISABLED AID CODES 65 67 6W 6Y

011111 01101 0001111	O 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					00 07 011	V =			
							M	ONT	HLY AVERA	GE -
01 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CAR	Ε		PER	UNIT/DAY	PER ELIG		USER	E
@TOTAL, ALL PROVIDERS	359	2,755	\$	358,739.94	\$	130.21	2755.000	\$	999.28	\$35
@PHYSICIANS SERVICES	1	1	\$	8.54	\$	8.54	1.000	\$	8.54	\$
OUTPATIENT VISITS	0	0		.00		.00	.000		.00	
OFFICE VISITS	0	0		.00		.00	.000		.00	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	0	0		.00		.00	.000		.00	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	
INPATIENT VISITS	0	0		.00		.00	.000		.00	
HOSPITAL VISITS	0	0		.00		.00	.000		.00	
CRITICAL CARE	0	0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	2	2			0.0		0.0	0.00		0.0	
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00	
EXAMINATIONS	0				.00		.00	.000			
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00	
ASSISTANT SURGEON	0	0			.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00	
ASSISTANT SURGEON	0	0			.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00	
DIALYSIS	0	0			.00		.00	.000		.00	
PATHOLOGY	0	0			.00		.00	.000		.00	
RADIOLOGY	0	0			.00		.00	.000		.00	
PSYCHIATRY	0	0			.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	1	1		8.	.54		8.54	1.000		8.54	
@PHARMACY	227	652	\$	224,119.	. 22	\$	343.74	652.000	\$	987.31	\$22
PRESCRIPTION DRUGS	227	652		224,119.			343.74	652.000		987.31	22
SNF/ICF	19	95		21,466.			225.96	95.000		1129.79	2
OUTPATIENTS	208	557		202,653.			363.83	557.000		974.29	20
MEDICAL SUPPLIES	0	0		•	.00		.00	.000		.00	
@DENTIST	19	84	\$	3,952.		Ś	47.05	84.000	Ś	208.00	\$
VISITS - DIAGNOSTIC	15	46	۲	721.		۲	15.67	46.000	٣	48.07	۲
ORAL SURGERY	3	3		90.			30.00	3.000		30.00	
DRUGS	0	0			.00		.00	.000		.00	
ANESTHESIA	0	0			.00		.00	.000		.00	
PERIODONTICS	1	1			.00		.00	1.000		.00	
ENDODONTICS	1	1		215.			215.00	1.000		215.00	
RESTORATIVE DENTISTRY	6	26		1,646.			63.31	26.000		274.33	
PROSTHETICS	0	0		,	.00		.00	.000		.00	
DENTURES, STAYPLATES	0	6		1,280.			213.33	6.000		640.00	
SPACE MAINTAINERS	2	0			.00		.00	.000		.00	
	0	0									
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0						.00	.000			
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00	
ALL OTHER SERVICES	1	T			.00		.00	1.000		.00	-
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDIT	URES	MONTH-OF-PAYMEN	AI. KEI	POK.I.	FOR JAN 2	2005 THRU I	)EC	2005	PA
MOP024	FEE-FOR-SERVICE	•	~~~		~						
SANTA CRUZ COUNTY	SUMMARY OF SERV	VICES FOR MN -	SOC -	DISABLED A	ATD CO	JUES	65 67 6W		~ <b></b>		~-
			~-		~			M(			
01 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITUR	RES			UNITS/DAYS	s C	COST PER	C
		OR DAYS OF CA	RE			PER	UNIT/DAY	PER ELIG		USER	E

						IMC	T NTC	HLY AVERA	'GE -
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER	C
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	1	4	\$ 50.86	\$	12.72	4.000	\$	50.86	\$
DIAGNOSTIC AND ANC. PROCED	1	1	8.01		8.01	1.000		8.01	
EYE APPLIANCES	1	3	42.85		14.28	3.000		42.85	
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$
VISITS	0	0	.00		.00	.000		.00	
OTHER SERVICES	0	0	.00		.00	.000		.00	
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	
SURGERY/ANES.	0	0	.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	
OTHER	0	0	.00		.00	.000		.00	

@HOME HEALTH AGENCY	0	0 \$	.00	\$.	.000	\$	.00	\$
NURSE ANESTHESIST	0	0 \$	.00	\$.	.000	\$	.00	\$
NURSE MIDWIFE	0	0 \$	.00	\$.	.000			\$
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	Ė.	00 .000	•		\$
FAMILY NURSE PRACTITIONER	0	0 \$	.00		00 .000	'		\$
@TOTAL HOSPITAL	0	0 \$	.00		00 .000	•		\$
HOSP INPATIENT TOTAL	0	0 2	.00		00 .000	'	.00	Y
	0	0						
HSC HOSPITALS	0	0	.00		.000		.00	
NON-HSC HOSPITAL TOTAL	0	0	.00		.000		.00	
ACCOMMODATIONS	0	0	.00		.000		.00	
ADMINISTRATIVE DAYS	0	0	.00		00 .000		.00	
TRANSITIONAL IP CARE	0	0	.00		.000		.00	
ALL OTHER ACCOM	0	0	.00		.000		.00	
ANCILLARIES	0	0	.00		00 .000		.00	
INPATIENT CROSSOVERS	0	0	.00		00 .000		.00	
ALL OTHER INPATIENT	0	0	.00		00 .000		.00	
HOSP OUTPATIENT TOTAL	0	0	.00		00 .000		.00	
MEDICAL	0	0	.00				.00	
	0	0						
SURGERY	0	•	.00		.000		.00	
PATHOLOGY	0	0	.00		.000		.00	
RADIOLOGY	0	0	.00		.000		.00	
ROOM USE	0	0	.00		00 .000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.000		.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00		.000		.00	
HSC HOSPITALS	0	0	.00		00 .000		.00	
NON-HSC HOSPITALS TOTAL	0	0	.00		00 .000		.00	
ACCOMMODATIONS	0	0	.00		00 .000		.00	
ADMINISTRATIVE DAYS	0	0	.00		00 .000		.00	
	0	0						
TRANSITIONAL IP CARE	0	0	.00		.000		.00	
ALL OTHER ACCOM	0	•	.00		.000		.00	
ANCILLARIES	0	0	.00		.000		.00	
INPATIENT CROSSOVERS	0	0	.00		.000		.00	
ALL OTHER INPATIENT	0	0	.00		.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00		.000		.00	
MEDICAL	0	0	.00		.000		.00	
SURGERY	0	0	.00		.000		.00	
PATHOLOGY	0	0	.00		00 .000		.00	
RADIOLOGY	0	0	.00		00 .000	)	.00	
ROOM USE	0	0	.00		00 .000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		00 .000		.00	
		CES AND EXPENDITURES						PΑ
	FEE-FOR-SERVICE		MONIII OF TATMENT N	HORT TOR	DAN 2005 IIIKO	DEC 2005		I.F.
				CODEC CE C	7 CH CN			
SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR MN - SOC	- DISABLED AID	CODES 65 6		MONIMIT SZ A	770070	
01 51 16151 56	HARRA			311003.00		MONTHLY A		
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		COST UNITS/DA			C
		OR DAYS OF CARE		PER UNIT				E
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00		.000			\$
COMM HOSP INPATIENT TOTAL	0	0	.00		.000		.00	
HSC HOSPITALS	0	0	.00		.000		.00	
NON-HSC HOSPITALS TOTAL	0	0	.00		.000		.00	
ACCOMMODATIONS	0	0	.00		.000		.00	
ΣΝΑΤΑΙΘΉΣΑΤΤΑ ΠΆνς	0	0	0.0		00		00	

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ADMINISTRATIVE DAYS

ALL OTHER ACCOM

TRANSITIONAL IP CARE

ALL OTHER INPATTENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
	0	0	۲.		Ġ			Ċ.		۲.
@STATE HOSPITAL	0		\$	.00	Ş	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	1	30	\$	3,361.83	\$	112.06	30.000	\$	3361.83	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	1	30		3,361.83		112.06	30.000		3361.83	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ś	.00	\$
ICF DDH	0	0	۲	.00	۲	.00	.000	Y	.00	۲
ICF DDA	0	0					.000		.00	
	0			.00		.00				
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0	·	.00	·	.00	.000		.00	·
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	112	337	\$	84,729.98	\$	251.42	337.000	\$	756.52	\$ 8
CLINIC CLINIC	0	0	۲	.00	۲	.00	.000	Y	.00	ρC
	0	0								
SURGICENTER	•			.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	_
RURAL HEALTH CLINIC	112	337		84,729.98		251.42	337.000		756.52	8
#CALIF DEPT OF HEALTH SERV			TURES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVIC									
SANTA CRUZ COUNTY	SUMMARY OF SER	VICES FOR MN -	SOC -	DISABLED AID	CODES	65 67 6W	6Y			
							M		HLY AVERA	AGE -
01 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF C	ARE		PER	R UNIT/DAY	PER ELIG	ļ	USER	E
@ALL OTHER PROVIDERS	52	1,647	\$	42,517.51	\$	25.82	1647.000		817.64	\$ 4
DURABLE MED. EQUIP.	0	, ,	'	.00	'	.00	.000		.00	'
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
	0	0								
MEDICAL TRANSPORTATION				.00		.00	.000		.00	
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00	
OTHER TRANS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
ACUPUNCTURE	0	0		.00		.00	.000		.00	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00	
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	

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ANCILLARIES

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

IHMC, MODEL-NF, NF, AIDS, MSSP	43	1,627	42,319.10	26.01	1627.000	984.17	4
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	10	20	198.41	9.92	20.000	19.84	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 8.54	\$ 8.54	1.000	\$ 8.54	\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	THLY AVERA	4GE -	
26 ELIGIBLES	USERS	UNITS OF SERVICE	<b>⊆</b>	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	
		OR DAYS OF CAR	<b>⊆</b>		PER UNIT/DAY	PER ELIG	USER	E	
@TOTAL, ALL PROVIDERS	110	967	\$	90,175.36	\$ 93.25	37.192 \$	819.78	\$	
@PHYSICIANS SERVICES	29	104	\$	8,492.62	\$ 81.66	4.000 \$	292.85	\$	
OUTPATIENT VISITS	9	12		591.51	49.29	.462	65.72		
OFFICE VISITS	1	2		67.06	33.53	.077	67.06		
HOME VISITS	0	0		.00	.00	.000	.00		
EMERGENCY ROOM	2	2		157.79	78.90	.077	78.90		
PREVENTIVE CARE	0	0		.00	.00	.000	.00		
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		

OTHER OUTPATIENT	7	8	366.66	45.83	.308	52.38	
INPATIENT VISITS	5	15	1,081.28	72.09	.577	216.26	
HOSPITAL VISITS	5	15	1,081.28		.577	216.26	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00		.000	.00	
INPATIENT HOSPITAL SURGERY	4	16	2,947.39		.615	736.85	
PRINCIPAL SURGEON	3	6	2,663.20	443.87	.231	887.73	
ASSISTANT SURGEON	0	0	.00		.000	.00	
ANESTHESIOLOGIST	1	10	284.19		.385	284.19	
OUTPATIENT SURGERY	7	23	1,494.18		.885	213.45	
PRINCIPAL SURGEON	4	7	898.22		.269	224.56	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	3	16	595.96	37.25	.615	198.65	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	3	12	623.21		.462	207.74	
RADIOLOGY	10	18	1,481.72		.692	148.17	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	6	8	273.33		.308	45.56	
@PHARMACY	24	97 \$	27,579.52			1149.15	\$
PRESCRIPTION DRUGS	23 0 23 6 29 20	76	26,697.93		2.923	1160.78	·
SNF/ICF	0	0	.00		.000	.00	
OUTPATIENTS	23	76	26,697.93	351.29	2.923	1160.78	
MEDICAL SUPPLIES	6	21	881.59		.808	146.93	
@DENTIST	29	111 \$	6,445.67	\$ 58.07	4.269 \$	222.26	\$
VISITS - DIAGNOSTIC	20	53	914.00		2.038	45.70	
ORAL SURGERY	4	28	1,197.00	42.75	1.077	299.25	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	2	2	173.00	86.50	.077	86.50	
ENDODONTICS	4	5	1,090.00	218.00	.192	272.50	
RESTORATIVE DENTISTRY	10	19	941.67	49.56	.731	94.17	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	1	4	1,380.00	345.00	.154	1380.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	1	2	750.00	375.00	.077	750.00	
ALL OTHER SERVICES	0	2CR	.00	.00	.077CR	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT FOR JAN	2005 THRU DE	C 2005	P

----- MONTHLY AVERAGE -EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 26 ELIGIBLES USERS UNITS OF SERVICE PER UNIT/DAY PER ELIG USER OR DAYS OF CARE @OPTOMETRIST 0 0 .00 .00 .000 \$ .00 \$ DIAGNOSTIC AND ANC. PROCED 0 .00 .00 .000 .00 EYE APPLIANCES .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 @CHIROPRACTOR 0 .00 .00 .000 \$ .00 VISITS 0 .00 .00 .000 .00 OTHER SERVICES .00 .00 .000 .00

SUMMARY OF SERVICES FOR MN - SOC - FAMILIES AID CODE 5R 6R 37

FEE-FOR-SERVICE/DENTAL

MOP024

SANTA CRUZ COUNTY

o DOD TAMB TOM	•	•	4	0.0		0.0	0.00		0.0	
@PODIATRIST	0		\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00	_	.00	.000		.00	
@HOME HEALTH AGENCY	1	1	\$	74.86	\$	74.86	.038	\$	74.86	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	22	600	\$	40,464.61	\$	67.44	23.077	\$	1839.30	\$
HOSP INPATIENT TOTAL	3	14		25,164.00	. 1	797.43	.538		8388.00	
HSC HOSPITALS	3	14		25,164.00	1	797.43	.538		8388.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	Ö		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	Ö		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
	20									
HOSP OUTPATIENT TOTAL		586		15,300.61		26.11	22.538		765.03	
MEDICAL	3	15		439.98		29.33	.577		146.66	
SURGERY	4	4		201.31		50.33	.154		50.33	
PATHOLOGY	13	222		2,400.34		10.81	8.538		184.64	
RADIOLOGY	9	16		9,975.42		623.46	.615		1108.38	
ROOM USE	11	21		634.04		30.19	.808		57.64	
CROSSOVERS/ALL OTH OUTPTNT		308		1,649.52		5.36	11.846		274.92	
@COUNTY HOSPITAL TOTAL	0		\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	Ö		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
	_	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICES AND I		C MONTERT O		,DOD.			חחת		D.7
#CALIF DEPT OF HEALTH SERV		FYAFNDT.I.OKE	P MONTH-0	r-PAYMENT RE	POK.I.	FOR JAN	∠UU5 THKU	DEC	∠005	PA
MOP024	FEE-FOR-SERVICE/DENTAL			TG 7TD GODE	ED 65	2.77				
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR	R MN - SOC	- FAMILI	ES AID CODE	5K 6K	. 37	-			<b>~</b> =
							M	T'NO	ньу AVERA	WE -

AVERAGE COST UNITS/DAYS COST PER 26 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 40,464.61 23.077 \$ 1839.30 \$ @COMMUNITY HOSPITAL TOTAL 22 600 67.44 3 25,164.00 1797.43 8388.00 COMM HOSP INPATIENT TOTAL 14 .538 HSC HOSPITALS 3 25,164.00 14 1797.43 .538 8388.00

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
	0	0		.00					.00	
INPATIENT CROSSOVERS	•					.00	.000			
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	20	586		15,300.61		26.11	22.538		765.03	
MEDICAL	3	15		439.98		29.33	.577		146.66	
SURGERY	4	4		201.31		50.33	.154		50.33	
PATHOLOGY	13	222		2,400.34		10.81	8.538		184.64	
RADIOLOGY	9	16		9,975.42		623.46	.615		1108.38	
ROOM USE	11	21		634.04		30.19	.808		57.64	
CROSSOVERS/ALL OTH OUTPTNT	6	308		1,649.52		5.36	11.846		274.92	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	Ġ	.00	\$
MENTALLY ILL	0	0	7	.00	т.	.00	.000	4	.00	т
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	Ċ	.00	\$
LEV A-INTERMEDIATE	0	0	۲	.00	۲	.00	.000	Y	.00	۲
LEV B-REHAB MD	0	0		.00		.00	.000			
	ŭ	_							.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	1	5	\$	77.29	\$	15.46	.192	Ś	77.29	\$
HOSPITAL BASED	0	0	۲	.00	Ψ.	.00	.000	Ψ	.00	4
INDEPENDENT FACILITY	1	5		77.29		15.46	.192		77.29	
	1	0	\$	.00	۲.	.00	.000	۲.	.00	Ċ.
@LABORATORY FACILITY	0		Þ		Ş			Ą		\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	20	25	\$	4,996.05	Ş	199.84	.962	Ş	249.80	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	20	25		4,996.05		199.84	.962		249.80	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDIT	<b>FURES</b>	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2005 THRU	DEC	2005	PP
MOP024	FEE-FOR-SERVIC	CE/DENTAL								
SANTA CRUZ COUNTY	SUMMARY OF SEI	RVICES FOR MN -	SOC -	- FAMILIES AID CODE	5R 6	R 37				
							N	ONT	HLY AVERA	AGE -
26 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVF	RAGE COST				C
2 222222	32210	OR DAYS OF CA					PER ELIC		USER	Ē
@ALL OTHER PROVIDERS	11	24	\$	2,044.74		85.20	.923		185.89	
DURABLE MED. EQUIP.	0	0	Ą	.00	۲	.00	.000	۲	.00	Y
BLOOD BANK	0	0		.00		.00	.000		.00	
READING AID DIGDENGEDG	0	0		.00		.00	.000		.00	

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1,800.00

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1800.00

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HEARING AID DISPENSERS

MEDICAL TRANSPORTATION

AMBULANCES/AIR TRANS

OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	1,800.00	1800.00	.038	1800.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	6	68.80	11.47	.231	22.93	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	1	6	70.74	11.79	.231	70.74	
PROSTHETICS	1	6	70.74	11.79	.231	70.74	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	6	11	105.20	9.56	.423	17.53	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	44	800 \$	73,746.08	\$ 92.18	30.769	\$ 1676.05	\$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - SOC - TOTAL

DANIA CROZ COUNTI	DOMINANT OF DER	VICES FOR MIN - SOC -	IOIAL				
					MON'	THLY AVERA	.GE -
36 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	498	3,837 \$	457,515.97	\$ 119.24	106.583 \$		\$ 1
@PHYSICIANS SERVICES	31	108 \$	8,511.17	\$ 78.81	3.000 \$	274.55	\$
OUTPATIENT VISITS	9	12	591.51	49.29	.333	65.72	
OFFICE VISITS	1	2	67.06	33.53	.056	67.06	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	2	2	157.79	78.90	.056	78.90	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	7	8	366.66	45.83	.222	52.38	
INPATIENT VISITS	5	15	1,081.28	72.09	.417	216.26	
HOSPITAL VISITS	5	15	1,081.28	72.09	.417	216.26	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	4	16	2,947.39	184.21	.444	736.85	
PRINCIPAL SURGEON	3	6	2,663.20	443.87	.167	887.73	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	10	284.19	28.42	.278	284.19	
OUTPATIENT SURGERY	7	23	1,494.18	64.96	.639	213.45	
PRINCIPAL SURGEON	4	7	898.22	128.32	.194	224.56	

ASSISTANT SURGEON	0	0		.00		.00	.000	)	.00	
ANESTHESIOLOGIST	3	16		595.96		37.25	.44	Į.	198.65	
DIALYSIS	0	0		.00		.00	.000	)	.00	
PATHOLOGY	3	12		623.21		51.93	.333	3	207.74	
RADIOLOGY	10	18		1,481.72		82.32	.500	)	148.17	
PSYCHIATRY	0	0		.00		.00	.000	)	.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	)	.00	
OTHER SERVICES/ALL X-OVERS	8	12		291.88		24.32	.333	3	36.49	
@PHARMACY	260	773	\$	253,817.64	\$	328.35	21.472	2 \$	976.22	\$
PRESCRIPTION DRUGS	259	752		252,936.05		336.35	20.889	9	976.59	
SNF/ICF	22	104		22,369.77		215.09	2.889	9	1016.81	
OUTPATIENTS	237	648		230,566.28		355.81	18.000	)	972.85	
MEDICAL SUPPLIES	6	21		881.59		41.98	.583	3	146.93	
@DENTIST	52	224	\$	10,969.67	\$	48.97	6.222	2 \$	210.96	\$
VISITS - DIAGNOSTIC	39	120		1,890.00		15.75	3.333	3	48.46	
ORAL SURGERY	8	33		1,367.00		41.42	.91	7	170.88	
DRUGS	0	0		.00		.00	.000	)	.00	
ANESTHESIA	0	0		.00		.00	.000	)	.00	
PERIODONTICS	3	3		173.00		57.67	.083	3	57.67	
ENDODONTICS	6	7		1,305.00		186.43	.194	ŀ	217.50	
RESTORATIVE DENTISTRY	17	50		2,824.67		56.49	1.389	9	166.16	
PROSTHETICS	0	0		.00		.00	.000	)	.00	
DENTURES, STAYPLATES	3	10		2,660.00		266.00	.278	3	886.67	
SPACE MAINTAINERS	0	0		.00		.00	.000	)	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	)	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	)	.00	
ORTHODONTIC SERVICES	1	2		750.00		375.00	.05	5	750.00	
ALL OTHER SERVICES	1	1CR		.00		.00	.028	3CR	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES M	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2005 THR	J DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENT									
SANTA CRUZ COUNTY	SUMMARY OF SERVICES	FOR MN - SO	OC -	TOTAL						

------ MONTHLY AVERAGE 36 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER F

@OPTOMETRIST 1 4 \$ 50.86 \$ 12.72 .111 \$ 50.86 \$ \$
DIAGNOSTIC AND ANC. PROCED 1 1 8.01 8.01 .028 8.01

EYE APPLIANCES	1	3		42.85		14.28	.083		42.85	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	1	1	\$	74.86	\$	74.86	.028	\$	74.86	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	22	600	\$	40,464.61	\$	67.44	16.667	\$	1839.30	\$
HOSP INPATIENT TOTAL	3	14		25,164.00		1797.43	.389		8388.00	
HSC HOSPITALS	3	14		25,164.00		1797.43	.389		8388.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	20	586		15,300.61		26.11	16.278		765.03	
MEDICAL	3	15		439.98		29.33	.417		146.66	
SURGERY	4	4		201.31		50.33	.111		50.33	
PATHOLOGY	13	222		2,400.34		10.81	6.167		184.64	
RADIOLOGY	9	16		9,975.42		623.46	.444		1108.38	
ROOM USE	11	21		634.04		30.19	.583		57.64	
CROSSOVERS/ALL OTH OUTPTNT	6	308		1,649.52		5.36	8.556		274.92	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	۲	.00	۲	.00	.000	۲	.00	۲
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
	0	0								
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	_	-	משמ איים	.00	יםסחי	.00	.000	חחת	.00	D.7
	MEDI-CAL SERVICES AND		KES MO	NIH-OF-PAYMENI RE	FLOK.	I FOR JAN	∠UU5 THKU	DEC	∠005	PA

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - SOC - TOTAL

MOP024

SANTA CRUZ COUNTY

⁻⁻⁻⁻⁻ MONTHLY AVERAGE -

36 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CAR		EXPENDITURES		ERAGE COST			COST PER USER	C E
COMMINITES HOODIEST HORSE	2.0			40 464 61		R UNIT/DAY				
@COMMUNITY HOSPITAL TOTAL	22	600	\$	40,464.61	\$	67.44		Ş	1839.30	\$
COMM HOSP INPATIENT TOTAL	3	14		25,164.00		1797.43	.389		8388.00	
HSC HOSPITALS	3	14		25,164.00		1797.43	.389		8388.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0 0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0 0 0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
	0	0								
ALL OTHER INPATIENT	0			.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	20	586		15,300.61		26.11	16.278		765.03	
MEDICAL	3	15		439.98		29.33	.417		146.66	
SURGERY	4	4		201.31		50.33	.111		50.33	
PATHOLOGY	13	222		2,400.34		10.81	6.167		184.64	
RADIOLOGY	9	16		9,975.42		623.46	.444		1108.38	
ROOM USE	11	21		634.04		30.19	.583		57.64	
CROSSOVERS/ALL OTH OUTPTNT	6	308		1,649.52		5.36	8.556		274.92	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0	•	.00		.00	.000		.00	•
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	1	30	\$	3,361.83	\$	112.06	.833	\$	3361.83	\$
LEV A-INTERMEDIATE	0	0	۲	.00	۲	.00	.000	۲	.00	۲
LEV B-REHAB MD	1	30		3,361.83		112.06	.833		3361.83	
LEV B-KEHAD MD  LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
	0	0								
LEV B-SUBACUTE HSPTL BASED	0			.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0	4.	.00	4.	.00	.000	4.	.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ş	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0 5		.00		.00	.000		.00	
@REHABILITATION FACILITY	1	5	\$	77.29	\$	15.46	.139	\$	77.29	\$
HOSPITAL BASED	0	0	•	.00		.00	.000		.00	•
INDEPENDENT FACILITY	1			77.29		15.46	.139		77.29	
@LABORATORY FACILITY	0	5 0	\$	.00	\$	.00	.000	Ś	.00	\$
PATHOLOGY	0	0	т	.00	т	.00	.000	т	.00	т
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	139	375	\$	92,565.45	\$	246.84	10.417	Ġ	665.94	\$
CLINIC	0	0	Ą	.00	Ą	.00	.000	ې	.00	Ą
	0	0		.00						
SURGICENTER						.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00			.000		.00	
RURAL HEALTH CLINIC	139	375					10.417			
#CALIF DEPT OF HEALTH SERV			RES	MON'TH-OF-PAYMEN'T RE	EPOR'	L' FOR JAN 2	2005 THRU	DEC	2005	₽₽
	FEE-FOR-SERVIC									
SANTA CRUZ COUNTY	SUMMARY OF SER	VICES FOR MN - S	OC -	TOTAL						
							M			GE -
36 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES						C
		OR DAYS OF CAR			PEI	R UNIT/DAY				
@ALL OTHER PROVIDERS	72	1,717	\$	47,622.59	\$	27.74	47.694	\$	661.42	\$

DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	1	1	1,800.00	1800.00	.028	1800.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	1,800.00	1800.00	.028	1800.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	49	1,661	45,084.18	27.14	46.139	920.09	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	15	30	300.27	10.01	.833	20.02	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	1	6	70.74	11.79	.167	70.74	
PROSTHETICS	1	6	70.74	11.79	.167	70.74	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	6	11	105.20	9.56	.306	17.53	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	2	8	262.20	32.78	.222	131.10	
@CALIF. CHILDREN SERVICES*	44	800 \$	73,746.08	\$ 92.18	22.222	\$ 1676.05	\$
@XOVER EXCLUDING STATE HOSP**	4	12 \$	280.75	\$ 23.40	.333	70.19	\$
@* TOTALS IN THESE LINES ARE GIVED	N AS A SEPARATE	INFORMATION ITEM ONI	'.Y •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PAYMENT NEPORT FOR JAN 2005 PAYMENT NEPORT FOR JAN 2005 PAYMENT NEPORT FOR JAN 2005 PAYMENT P

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

DIMITI CHOZ COCHII	DOINGING OF DEEK	VICED IOIC III	TO110 II	TOTAL TIONS	TITD CODE			
						MON	ITHLY AVERA	.GE -
26 ELIGIBLES	USERS	UNITS OF SERVI	ICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CA	ARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	1,259	6,358	\$	478,616.23	\$ 75.28	244.538 \$	380.16	\$ 1
@PHYSICIANS SERVICES	20	23	\$	969.75	\$ 42.16	.885 \$	48.49	\$
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	
OFFICE VISITS	0	0		.00	.00	.000	.00	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	0	0		.00	.00	.000	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	1	1		509.78		509.78	.038		509.78	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	19	22		459.97		20.91	.846		24.21	
@PHARMACY	944	1,570	\$	251,763.39	\$	160.36		\$	266.70	\$
PRESCRIPTION DRUGS	944	1,570	Ą	251,763.39	Y	160.36	60.385	۲	266.70	ų
SNF/ICF	942	1,559		253,041.38		162.31	59.962		268.62	
OUTPATIENTS	2	1,335		1,277.99CF	)	116.18CR	.423		639.000	סי
MEDICAL SUPPLIES	0	0		.00	_	.00	.000		.00	л.
	200	461	Ġ	19,550.80	\$	42.41	17.731	بع	97.75	بخ
@DENTIST	189	363	Ą	-	Ą			Ą		\$
VISITS - DIAGNOSTIC				8,488.40		23.38	13.962		44.91	
ORAL SURGERY	6	12		538.00		44.83	.462		89.67	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	5	5		472.00		94.40	.192		94.40	
ENDODONTICS	3	5		905.00		181.00	.192		301.67	
RESTORATIVE DENTISTRY	6	13		463.15		35.63	.500		77.19	
PROSTHETICS	1	1		30.00		30.00	.038		30.00	
DENTURES, STAYPLATES	22	61		8,654.25		141.87	2.346		393.38	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	1	1		.00		.00	.038		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERV	ICES AND EXPENDI	TURES	MONTH-OF-PAYMENT RE	EPOR1	FOR JAN 2	005 THRU	DEC	2005	P#
MOP024	FEE-FOR-SERVIO	CE/DENTAL								
SANTA CRUZ COUNTY	SUMMARY OF SEI	RVICES FOR MN -	LONG	TERM CARE - AGED		AID CODE	13			
							M	IONTI	HLY AVERA	GE -
26 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES		ERAGE COST			COST PER	C
		OR DAYS OF C	ARE		PEF	R UNIT/DAY	PER ELIG	ļ	USER	E
@OPTOMETRIST	2	8	\$	143.41	\$	17.93	.308	\$	71.71	\$
DIAGNOSTIC AND ANC. PROCED	1	2		47.45		23.73	.077		47.45	
EYE APPLIANCES	2	6		95.96		15.99	.231		47.98	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00	•	.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0	Ψ	.00	~	.00	.000	7	.00	т
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTUED	0	0		.00		.00	.000		.00	

0

0 0 0 \$\$\$\$\$

OTHER

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

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\$ \$ \$

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; \$

FAMILY NURSE PRACTITIONER	0	0	\$ .00 \$	.00	.000 \$	.00 \$
@TOTAL HOSPITAL	3	0	\$ 11,790.00CR \$	.00	.000 \$	3930.00CR\$
HOSP INPATIENT TOTAL	3	0	11,790.00CR	.00	.000	3930.00CR
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	3	0	11,790.00CR	.00	.000	3930.00CR
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0	\$ .00 \$	.00	.000 \$	.00 \$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

FEE-FOR-SERVICE/DENTAL

SANIA CROZ COUNTI	SUMMARI OF SERVI	CES FOR	MIN - 1101	NG IERN	CARE - AGED		AID CODE	, TO	«ONTE		αп
26 81 1018180	Hanna	INITEG OF	CEDITO			7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7				HLY AVERA	
26 ELIGIBLES	USERS	UNITS OF			EXPENDITURES			UNITS/DAY		COST PER	C E
	2	OR DAYS		À	11 500 0000		,	PER ELIC		USER	_
@COMMUNITY HOSPITAL TOTAL	3		0	\$	11,790.00CR		.00		Ş	3930.000	
COMM HOSP INPATIENT TOTAL			0		11,790.00CR		.00	.000		3930.000	:R
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
ANCILLARIES	0		0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	3		0		11,790.00CR		.00	.000		3930.000	!R
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00	
MEDICAL	0		0		.00		.00	.000		.00	
SURGERY	0		0		.00		.00	.000		.00	
PATHOLOGY	0		0		.00		.00	.000		.00	
RADIOLOGY	0		0		.00		.00	.000		.00	
ROOM USE	0		0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00	
@STATE HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0		0	'	.00		.00	.000		.00	'
DEVELOP. DISABLED	0		0		.00		.00	.000		.00	
@NURSING FACILITY	41	1	,417	\$	174,244.66	Ġ	122.97	54.500	\$	4249.87	\$
LEV A-INTERMEDIATE	2	_	61	7	4,249.94	т.	69.67	2.346	т.	2124.97	т
LEV B-REHAB MD	13		488		64,662.98		132.51	18.769		4974.08	
LEV B-SUBACUTE FREESTANDING			0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
LEV B-REGULAR	26		868		105,331.74		121.35	33.385		4051.22	
@INTERMEDIATE CARE FACILDD	0		0	\$	.00	\$	.00	.000	\$	.00	Ċ
ICF DDH	0		0	Y	.00	Y	.00	.000	Y	.00	۲
ICF DD	0		0		.00		.00	.000		.00	
ICF DDN/DDCN	0		0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	Ġ
HOSPITAL BASED	0		0	ې	.00	ې	.00	.000	ې	.00	Ą
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0		0	\$	.00	\$	.00	.000	\$	.00	بع
HOSPITAL BASED	0		0	Ş	.00	Ş		.000	Þ		Ş
	0		0				.00			.00	
INDEPENDENT FACILITY	0		0	Å	.00	4	.00	.000	4	.00	4
@LABORATORY FACILITY	0		-	\$	.00	\$	.00	.000	\$	.00	Ş
PATHOLOGY	0		0		.00		.00	.000		.00	
XO AND OTHERS	•		0		.00	4	.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	112		171	\$	40,769.72	Ş	238.42	6.577	\$	364.02	Ş
CLINIC	0		0		.00		.00	.000		.00	
SURGICENTER	0		0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	112		171		40,769.72		238.42	6.577		364.02	_
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXP	ENDITURI	ES MONT	'H-OF-PAYMENT RE	PORT	FOR JAN	2005 THRU	DEC	2005	PA

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - AGED AID CODE 13

DANTA CROZ COUNTI	DOMMAKI OF DERVICE	D LOK IIII - HOMO	TEIGH CA	ME - AGED	AID CODE			
						MON	THLY AVERAGE	-
26 ELIGIBLES	USERS UN	ITS OF SERVICE	EX		AVERAGE COST	UNITS/DAYS	COST PER	C
	C	R DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	107	2,708	5	2,964.50	\$ 1.09	104.154 \$	27.71 \$	
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	97	202		2,441.03	12.08	7.769	25.17	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	10	2,506		523.47	.21	96.385	52.35	
@CALIF. CHILDREN SERVICES*	13	306	5	36,283.86	\$ 118.57	11.769 \$	2791.07 \$	
@XOVER EXCLUDING STATE HOSP**	29	28	5	11,178.95CR	\$ 399.25CR	1.077 \$	385.48CR\$	
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARATE	INFORMATION ITE	EM ONLY;					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SANTA CRUZ COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 P
MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

----- MONTHLY AVERAGE -00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 420 \$ 17 \$ 3,678.24 \$ 8.76 .000 \$ 245.22 \$ 1,055.90 \$ 62.11 .000 \$ 175.98 \$ @TOTAL, ALL PROVIDERS 15 @PHYSICIANS SERVICES 1,055.90 \$ 62.11 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 639.34 91.33 454.00 75.67 185.34 185.34 0 .000 OUTPATIENT VISITS .00 OFFICE VISITS .000 .00 .000 HOME VISITS 0 .00 EMERGENCY ROOM 0 .000 .00 0 0 0 7 6 0 0 0 PREVENTIVE CARE .000 .00 .00 .00 OB VISITS/COMPRE PERI .000 OTHER OUTPATIENT .000 .000 213.11 .000 151.33 INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE .000 185.34

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	1	1		42.94		42.94	.000		42.94	
EXAMINATIONS	1	1		42.94		42.94	.000		42.94	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	1	1		17.03		17.03	.000		17.03	
PRINCIPAL SURGEON	1	1		17.03		17.03	.000		17.03	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	1	0								
		4		222.04		55.51	.000		222.04	
PRINCIPAL SURGEON	0	0		222.04		55.51	.000		222.04	
ASSISTANT SURGEON	•	-		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	3	3		77.25		25.75	.000		25.75	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	1	1 7		57.30		57.30	.000		57.30	
@PHARMACY	5		\$	1,726.28	\$	246.61	.000	\$	345.26	\$
PRESCRIPTION DRUGS	4	5		1,602.02		320.40	.000		400.51	
SNF/ICF	4	5		1,287.67		257.53	.000		321.92	
OUTPATIENTS	0	0		314.35		.00	.000		.00	
MEDICAL SUPPLIES	1	2		124.26		62.13	.000		124.26	
@DENTIST	2	18	\$	64.00	\$	3.56	.000	\$	32.00	\$
VISITS - DIAGNOSTIC	2	12		64.00	'	5.33	.000	'	32.00	'
ORAL SURGERY	0	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	0	0		.00		.00	.000		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	1	6		.00		.00	.000		.00	
PROSTHETICS	<u> </u>	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
•	0	0		.00					.00	
SPACE MAINTAINERS	0	0				.00	.000			
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	•	· ·		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	0	0	min na	.00	IDODE!	.00	.000	חחמ	.00	TO 7
#CALIF DEPT OF HEALTH SERV			TURES	MONTH-OF-PAYMENT RE	PORT.	FOR JAN 2	2005 THRU	DEC	2005	PA:
MOP024	FEE-FOR-SERVIO		T 0170			3.TD G0DE	0.0			
SANTA CRUZ COUNTY	SUMMARY OF SEE	RVICES FOR MN -	LONG	TERM CARE - BLIND		AID CODE		03.TET		<b>~</b> =
00 51 5655 56	HARRA		T 00				M			
00 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES			UNITS/DAY		COST PER	C
	_	OR DAYS OF C				,	PER ELIG		USER	E
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	Ş	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00	
EYE APPLIANCES	0	0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
	0	0		0.0		0.0	000		0.0	

.00

.00

.000

.00

0

RADIO./PATHOLOGY

OTHER	0	0	.00	.0		.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .0	0 .000	\$ .00	\$
NURSE ANESTHESIST	0	0 \$	.00	\$ .0	0 .000	\$ .00	\$
NURSE MIDWIFE	0	0 \$	.00	\$ .0	0 .000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .0		\$ .00	Ė
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .0		\$ .00	\$
@TOTAL HOSPITAL	1	11 \$	237.70	\$ 21.6		\$ 237.70	Ċ
HOSP INPATIENT TOTAL	0	0		.0			۲
	0		.00			.00	
HSC HOSPITALS	0	0	.00	.0		.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	. 0		.00	
ACCOMMODATIONS	0	0	.00	.0		.00	
ADMINISTRATIVE DAYS	0	0	.00	.0		.00	
TRANSITIONAL IP CARE	0	0	.00	.0	0 .000	.00	
ALL OTHER ACCOM	0	0	.00	.0	0 .000	.00	
ANCILLARIES	0	0	.00	.0	0 .000	.00	
INPATIENT CROSSOVERS	0	0	.00	. 0		.00	
ALL OTHER INPATIENT	0	0	.00	.0		.00	
HOSP OUTPATIENT TOTAL	1	11	237.70	21.6		237.70	
MEDICAL	1	1	62.37	62.3		62.37	
	1	1					
SURGERY	1		18.94	18.9		18.94	
PATHOLOGY	1	4	45.51	11.3		45.51	
RADIOLOGY	1	1	19.67	19.6		19.67	
ROOM USE	1	1	46.91	46.9	1 .000	46.91	
CROSSOVERS/ALL OTH OUTPTNT	1	3	44.30	14.7	7 .000	44.30	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .0	0 .000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.0		.00	•
HSC HOSPITALS	0	0	.00	. 0		.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.0		.00	
ACCOMMODATIONS	0	0	.00	.0		.00	
ADMINISTRATIVE DAYS	0	0	.00	.0		.00	
	0	0	.00	.0			
TRANSITIONAL IP CARE	0	0				.00	
ALL OTHER ACCOM	0	ŭ	.00	. 0		.00	
ANCILLARIES	0	0	.00	. 0		.00	
INPATIENT CROSSOVERS	0	0	.00	.0		.00	
ALL OTHER INPATIENT	0	0	.00	.0		.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.0	0 .000	.00	
MEDICAL	0	0	.00	.0	0 .000	.00	
SURGERY	0	0	.00	.0	0 .000	.00	
PATHOLOGY	0	0	.00	.0	0 .000	.00	
RADIOLOGY	0	0	.00	.0		.00	
ROOM USE	0	0	.00	.0		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.0		.00	
	MEDI-CAL SERVICES AND E					DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL	MI BINDI I ORBO	MONIII OF TAIMENT R	HIORI FOR 0	AN 2005 IIIKO I	JEC 2005	17.
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR	MNT TONG	TEDM CADE DITAD	7.TD (	ODE 23		
SANIA CRUZ COUNTI	SUMMARI OF SERVICES FOR	MIN - LONG	IERM CARE - BLIND	AID C			aп
00 51 16151 56	110000 101100 0			31100300		ONTHLY AVERAG	
00 ELIGIBLES		F SERVICE	EXPENDITURES		OST UNITS/DAY		C
		S OF CARE			DAY PER ELIG		E
@COMMUNITY HOSPITAL TOTAL	1	11 \$		\$ 21.6		\$ 237.70	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.0	0 .000	.00	
HSC HOSPITALS	0	0	.00	.0	0 .000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.0	0 .000	.00	
ACCOMMODATIONS	0	0	.00	. 0		.00	
ADMINISTRATIVE DAYS	0	0	.00	.0		.00	
TRANSITIONAL IP CARE	0	0	.00	.0		.00	
	Ŭ	•	.00	. 0	.000	.00	

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	1	11	237.70	21.61	.000	237.70	
MEDICAL	1	1	62.37	62.37	.000	62.37	
SURGERY	1	1	18.94	18.94	.000	18.94	
PATHOLOGY	1	4	45.51	11.38	.000	45.51	
RADIOLOGY	1	1	19.67	19.67	.000	19.67	
ROOM USE	1	1	46.91	46.91	.000	46.91	
CROSSOVERS/ALL OTH OUTPTNT	1	3	44.30	14.77	.000	44.30	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	1	4	\$ 84.76	\$ 21.19	.000	\$ 84.76	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	1	4	84.76	21.19	.000	84.76	
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PATHOLOGY	0	0	.00	.00	.000	.00	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ .00	\$ .00	.000	\$ .00	\$
CLINIC	0	0	.00	.00	.000	.00	

SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005	PA

MOP024 FEE-FOR-SERVICE/DENTAL SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - BLIND AID CODE 23

----- MONTHLY AVERAGE -OR DAYS OF CARE

363 \$ 509.60 \$ 1.40 .000 \$ 84.93 \$
0 .00 .00 .00 .000 UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C 00 ELIGIBLES USERS 6 0 OR DAYS OF CARE @ALL OTHER PROVIDERS

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA FEE-FOR-SERVICE/DENTAL MOP024

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - DISABLED AID CODE 63

							Mo	$\Gamma$ NO	'HLY AVERA	GE -
01 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVER	AGE COST	UNITS/DAY:	S	COST PER	C
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER	E
@TOTAL, ALL PROVIDERS	573	6,463	\$	274,928.33	\$	42.54	6463.000	\$	479.81	\$27
@PHYSICIANS SERVICES	15	15	\$	341.19	\$	22.75	15.000	\$	22.75	\$
OUTPATIENT VISITS	0	0		.00		.00	.000		.00	
OFFICE VISITS	0	0		.00		.00	.000		.00	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	0	0		.00		.00	.000		.00	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY:

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00	
OTHER OUTPATIENT	0	0	.00		.00	.000		.00	
INPATIENT VISITS	0	0	.00		.00	.000		.00	
HOSPITAL VISITS	0	0	.00		.00	.000		.00	
CRITICAL CARE	0	0	.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00	
EXAMINATIONS	0	0	.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00	
ASSISTANT SURGEON	0	0	.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00	
ASSISTANT SURGEON	0	0	.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00	
DIALYSIS	0	0	.00		.00	.000		.00	
PATHOLOGY	Ö	0	.00		.00	.000		.00	
RADIOLOGY	0	0	.00		.00	.000		.00	
PSYCHIATRY	0	9	208.98		23.22	9.000		23.22	
	0	0							
IMMUNIZATION AND INJECTION	•		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	6	6	132.21	4	22.04	6.000	4	22.04	400
@PHARMACY	481	947 \$	230,468.91		243.37	947.000	Þ		\$23
PRESCRIPTION DRUGS	481	947	230,468.91		243.37	947.000		479.15	23
SNF/ICF	452	825	205,819.98		249.48	825.000		455.35	20
OUTPATIENTS	31	122	24,648.93		202.04	122.000		795.13	2
MEDICAL SUPPLIES	0	0	.00		.00	.000	4.	.00	4.
@DENTIST	64	223 \$	6,952.75	\$	31.18	223.000	Ş	108.64	Ş
VISITS - DIAGNOSTIC	48	151	1,826.75		12.10	151.000		38.06	
ORAL SURGERY	5	14	607.00		43.36	14.000		121.40	
DRUGS	0	0	.00		.00	.000		.00	
ANESTHESIA	0	0	.00		.00	.000		.00	
PERIODONTICS	8	8	944.00		118.00	8.000		118.00	
ENDODONTICS	3	5	1,535.00		307.00	5.000		511.67	
RESTORATIVE DENTISTRY	9	27	991.00		36.70	27.000		110.11	
PROSTHETICS	0	0	.00		.00	.000		.00	
DENTURES, STAYPLATES	3	17	1,049.00		61.71	17.000		349.67	
SPACE MAINTAINERS	0	0	.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00	
ALL OTHER SERVICES	2	1	.00		.00	1.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/	DENTAL							
SANTA CRUZ COUNTY	SUMMARY OF SERVI	CES FOR MN - LONG	TERM CARE - DISABLI	ED	AID CODE	63			
						M	IONTF	ILY AVERA	.GE -
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	s c	COST PER	C
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIC	1	USER	E
@OPTOMETRIST	1	3 \$	42.85	\$	14.28	3.000	\$	42.85	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	
EYE APPLIANCES	1	2	42.85		14.28	3.000		42.85	
OTHER OPTOMETRIC SERVICES	1	3	12.00			0.000			
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	
@CHIROPRACTOR	<del>-</del>	0		\$			\$		\$
	0	0	.00	\$	.00	.000	\$	.00	\$

OTHER SERVICES	0		0			.00		.00	.000		.00	
@PODIATRIST	0		0	\$		.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0		0			.00		.00	.000		.00	
SURGERY/ANES.	0		0			.00		.00	.000		.00	
RADIO./PATHOLOGY	0		0			.00		.00	.000		.00	
OTHER	0		0			.00		.00	.000		.00	
@HOME HEALTH AGENCY	0		0	\$		.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0		0	\$		.00	\$	.00	.000	Š	.00	\$
NURSE MIDWIFE	0		0	\$		.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER			0	Ċ		.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0		0	\$		.00	\$	.00	.000	Š	.00	\$
@TOTAL HOSPITAL	1		0	Ġ.		.00	Ġ.	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	1		0	ې		.00	ې	.00	.000	ې	.00	Ą
	0		0									
HSC HOSPITALS			-			.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0		0			.00		.00	.000		.00	
ACCOMMODATIONS	0		0			.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00	
ALL OTHER ACCOM	0		0			.00		.00	.000		.00	
ANCILLARIES	0		0			.00		.00	.000		.00	
INPATIENT CROSSOVERS	1		0			.00		.00	.000		.00	
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0		0			.00		.00	.000		.00	
MEDICAL	0		0			.00		.00	.000		.00	
SURGERY	0		0			.00		.00	.000		.00	
PATHOLOGY	0		0			.00		.00	.000		.00	
RADIOLOGY	0		0			.00		.00	.000		.00	
ROOM USE	0		0			.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0		0			.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0		0	\$		.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0		0			.00	'	.00	.000	'	.00	'
HSC HOSPITALS	0		0			.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0		0			.00		.00	.000		.00	
ACCOMMODATIONS	0		0			.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00	
ALL OTHER ACCOM	0		0			.00		.00	.000		.00	
ANCILLARIES	0		0			.00		.00	.000		.00	
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00	
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0		0			.00			.000		.00	
MEDICAL	0		0					.00				
	0		-			.00		.00	.000		.00	
SURGERY	ŭ		0			.00		.00	.000		.00	
PATHOLOGY	0		0			.00		.00	.000		.00	
RADIOLOGY	0		0			.00		.00	.000		.00	
ROOM USE	0		0			.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT			0			.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI		PENDITU	JRES	MONTH	H-OF-PAYMENT	KEPORT	r for Jan 2	2005 THRU	DEC	2005	PΑ
MOP024	FEE-FOR-SERVIC					~						
SANTA CRUZ COUNTY	SUMMARY OF SER	RVICES FOR	MN - L	long	TERM	CARE - DISAB	LED	AID CODE				
									M			
01 ELIGIBLES	USERS	UNITS OF				EXPENDITURES		ERAGE COST	,			C
		OR DAYS						R UNIT/DAY			USER	E
@COMMUNITY HOSPITAL TOTAL	1		0	\$		.00		.00	.000	\$	.00	\$
COMM HOSP INPATIENT TOTAL	1		0			.00		.00	.000		.00	

HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
	0	0								
ANCILLARIES	Ü	Ü		.00		.00	.000		.00	
INPATIENT CROSSOVERS	1	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@STATE HOSPITAL	0	0	\$	.00	Ċ	.00	.000	\$	.00	\$
MENTALLY ILL	0	0	۲	.00	Ą	.00	.000	Y	.00	Y
	0									
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	4 1
@NURSING FACILITY	5	118	\$	15,892.44	\$	134.68	118.000	\$	3178.49	\$ 1
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	2	53		8,174.56		154.24	53.000		4087.28	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	3	65		7,717.88		118.74	65.000		2572.63	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	7	.00	7	.00	.000	т.	.00	т
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0				.00	.000			
·	0		4	.00	4			4	.00	d
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	1	6	\$	66.00	\$	11.00	6.000	\$	66.00	\$
PATHOLOGY	1	6		66.00		11.00	6.000		66.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	43	78	\$	19,393.51	Ś	248.63	78.000	\$	451.01	\$ 1
CLINIC	0	0	7	.00	7	.00	.000	т.	.00	т –
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC		78				248.63				1
	43		TTD TIC	19,393.51			78.000	חח	451.01	1
#CALIF DEPT OF HEALTH SERV			TURES	MONTH-OF-PAYMENT F	KEPORT	FOR JAN 2	2005 THRU	DEC	2005	₽₽
MOP024	FEE-FOR-SERVI									
SANTA CRUZ COUNTY	SUMMARY OF SE	RVICES FOR MN -	LONG	TERM CARE - DISABI	LED	AID CODE				
							M			GE -
01 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CA	ARE			R UNIT/DAY	PER ELIG		USER	E
@ALL OTHER PROVIDERS	39	5,073	\$	1,770.68	\$	.35	5073.000	\$	45.40	\$
DURABLE MED. EQUIP.	0	, 0	•	.00	•	.00	.000	•	.00	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0	0		.00		.00	000		.00	

.00

.00

.000

.00

MEDICAL TRANSPORTATION

AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	32	72		795.94	11.05	72.000	24.87	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	8	5,001		974.74	.19	5001.000	121.84	
@CALIF. CHILDREN SERVICES*	2	52	\$	6,701.35	\$ 128.87	52.000	\$ 3350.68	\$
@XOVER EXCLUDING STATE HOSP**	8	7	\$	141.49	\$ 20.21	7.000	\$ 17.69	\$
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION IT	CEM O	NLY;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

						MON	ITHLY AVERA	AGE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$	.00	.000 \$	.00	\$
@PHYSICIANS SERVICES	0	0 \$	.00	\$	.00	.000 \$	.00	\$

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	0	•	0.0	0.0	0.00	0.0
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
		0				
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
	0	0				
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON		0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
	0	0				
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY		0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0 \$	.00 \$	.00	.000 \$	.00 \$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0 \$	.00 \$		.000 \$	.00 \$
VISITS - DIAGNOSTIC	0	0			.000 \$	.00 \$
	0		.00	.00		
ORAL SURGERY		0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
	0	0			.000	.00
MAXILLOFACIAL SERVICES		0	.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES MONTH-	OF-PAYMENT REPO	RT FOR JAN 20	005 THRU DEC	2005 PA
MOP024	FEE-FOR-SERVICE/DENTA	AL				
SANTA CRUZ COUNTY	SUMMARY OF SERVICES I		ARE - FAMILIES	DISCONTINUE	ED	
					MONTH	LY AVERAGE -
00 ELIGIBLES	USERS UNITS	S OF SERVICE E	XPENDITURES A		JNITS/DAYS C	
00 111011111111111111111111111111111111		DAYS OF CARE		ER UNIT/DAY		USER E
$\bigcirc \bigcirc $	0	0 \$	.00 \$		.000 \$	
@OPTOMETRIST	U	U Ş	۶.00	.00	۶ ۵۵۵	.00 \$

DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00
@CHIROPRACTOR	0	0 \$	.00 \$	.00	.000 \$	.00 \$
VISITS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
@PODIATRIST	0	0 \$	.00 \$	.00	.000 \$	.00 \$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00
OTHER	0	0	.00	.00	.000	.00
@HOME HEALTH AGENCY	0	0 \$	.00 \$	.00	.000 \$	.00 \$
NURSE ANESTHESIST	0	0 \$	.00 \$	.00	.000 \$	.00 \$
NURSE MIDWIFE	0	0 \$	.00 \$	.00	.000 \$	.00 \$
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00 \$	.00	.000 \$	.00 \$
FAMILY NURSE PRACTITIONER	0	0 \$	.00 \$	.00	.000 \$	.00 \$
@TOTAL HOSPITAL	0	0 \$	.00 \$	.00	.000 \$	.00 \$
HOSP INPATIENT TOTAL	0	0 5	.00	.00	.000 \$	.00 \$
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
	0	0				
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	·	•	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00 \$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MO	NTH-OF-PAYMENT REPORT	FOR JAN 20	05 THRU DEC	2005 PA
MODOSA	PPP POD CPDVICE /DPMTA					

FEE-FOR-SERVICE/DENTAL

MOP024

SANTA CRUZ COUNTY

SUMMARY OF SERVICES FOR MN - LONG TERM CARE - FAMILIES DISCONTINUED

----- MONTHLY AVERAGE -

			- ~-					IV			
00 ELIGIBLES	USERS	UNITS OF SERV		EXP	ENDITURES		RAGE COST			COST PER	C
		OR DAYS OF C	ARE			PER	UNIT/DAY			USER	E
@COMMUNITY HOSPITAL TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$
COMM HOSP INPATIENT TOTAL	0	0			.00		.00	.000		.00	
HSC HOSPITALS	0	0			.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00	
	0	0									
ACCOMMODATIONS	0	0			.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00	
ALL OTHER ACCOM	0	0			.00		.00	.000		.00	
ANCILLARIES	0	0			.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00	
	0	0								.00	
ALL OTHER INPATIENT	0	0			.00		.00	.000			
COMM HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00	
MEDICAL	0	0			.00		.00	.000		.00	
SURGERY	0	0			.00		.00	.000		.00	
PATHOLOGY	0	0			.00		.00	.000		.00	
RADIOLOGY	0	0			.00		.00	.000		.00	
ROOM USE	0	0			.00		.00	.000		.00	
	0	-									
CROSSOVERS/ALL OTH OUTPTNT	Ü	0			.00	4.	.00	.000	4.	.00	
@STATE HOSPITAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0			.00		.00	.000		.00	
DEVELOP. DISABLED	0	0			.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0	7		.00	۲	.00	.000	۲	.00	۲
LEV B-REHAB MD	0	0						.000		.00	
	U				.00		.00				
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00	
LEV B-REGULAR	0	0			.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$		.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	۲		.00	4	.00	.000	4	.00	۲
	0										
ICF DD	Ü	0			.00		.00	.000		.00	
ICF DDN/DDCN	0	0			.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$		.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0			.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	۲		.00	۲	.00	.000	۲	.00	۲
	0	0									
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$		.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0			.00		.00	.000		.00	
XO AND OTHERS	0	0			.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$		.00	\$	.00	.000	\$	.00	\$
CLINIC	0	0	т		.00	т	.00	.000	т	.00	т
SURGICENTER	0	0			.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0			.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDI'	TURES	MONTH-OF	-PAYMENT RE	PORT	FOR JAN 2	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE	_									
SANTA CRUZ COUNTY	SUMMARY OF SERV		LONG	TERM CAR	E - FAMILTE	S	DISCONTINU	IED			
			_01.0			~			ОМТ	HLY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF SERV	TCE	האט	באוד דייוים ביכי	7/ 7/17:	RAGE COST				C
OO TIIGIBUED	USEKS			EAP	ENDITURES						
		OR DAYS OF C	AKE			PER	UNIT/DAY	REK ETIG	•	USER	E

@ALL OTHER PROVIDERS	0	0 \$	.00 \$	.00	.000 \$	.00 \$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$
⇒ # momate th miner times and or	וזוד מתול תוחם אים א זומנז	DODMARTON TREM ONT V.				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

						MO	NTHLY AVERA	GE -
27 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CAR	Ξ		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	1,847	13,241	\$	757,222.80	\$ 57.19	490.407	\$ 409.97	\$ 2
@PHYSICIANS SERVICES	41	55	\$	2,366.84	\$ 43.03	2.037	\$ 57.73	\$
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	
OFFICE VISITS	0	0		.00	.00	.000	.00	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	3	7		639.34	91.33	.259	213.11	
HOSPITAL VISITS	3	6		454.00	75.67	.222	151.33	
CRITICAL CARE	1	1		185.34	185.34	.037	185.34	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1		42.94	42.94	.037	42.94	
EXAMINATIONS	1	1		42.94	42.94	.037	42.94	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	

INPATIENT HOSPITAL SURGERY	1	1	17.03	17.03	.037	17.03	3
PRINCIPAL SURGEON	1	1	17.03	17.03	.037	17.03	3
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	)
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	)
OUTPATIENT SURGERY	1	4	222.04	55.51	.148	222.04	Ŀ
PRINCIPAL SURGEON	1	4	222.04	55.51	.148	222.04	Ŀ
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	)
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	)
DIALYSIS	0	0	.00	.00	.000	.00	)
PATHOLOGY	0	0	.00	.00	.000	.00	)
RADIOLOGY	4	4	587.03	146.76	.148	146.76	5
PSYCHIATRY	9	9	208.98	23.22	.333	23.22	2
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	)
OTHER SERVICES/ALL X-OVERS	26	29	649.48	22.40	1.074	24.98	3
@PHARMACY	1,430	2,524	483,958.58	\$ 191.74	93.481	\$ 338.43	\$ \$ 1
PRESCRIPTION DRUGS	1,429	2,522	483,834.32	191.85	93.407	338.58	3 1
SNF/ICF	1,398	2,389	460,149.03	192.61	88.481	329.15	5 1
OUTPATIENTS	33	133	23,685.29	178.08	4.926	717.74	<u> </u>
MEDICAL SUPPLIES	1	2		62.13		124.26	5
@DENTIST	266	702	26,567.55	\$ 37.85	26.000	\$ 99.88	\$ \$
VISITS - DIAGNOSTIC	239	526	10,379.15	19.73	19.481	43.43	3
ORAL SURGERY	11	26	1,145.00		.963		)
DRUGS	0	0	.00	.00	.000	.00	)
ANESTHESIA	0	0	.00	.00	.000	.00	)
PERIODONTICS	13	13	1,416.00	108.92	.481	108.92	2
ENDODONTICS	6	10	2,440.00	244.00	.370	406.6	7
RESTORATIVE DENTISTRY	16	46	1,454.15	31.61	1.704	90.88	3
PROSTHETICS	1	1	30.00	30.00	.037	30.00	)
DENTURES, STAYPLATES	25	78	9,703.25	124.40	2.889	388.13	3
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	)
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	)
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	)
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	)
ALL OTHER SERVICES	3	2	.00	.00	.074	.00	)
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN!	O EXPENDITURES	S MONTH-OF-PAYMENT REPO	ORT FOR JAN	2005 THRU	DEC 2005	PA
	/						

FEE-FOR-SERVICE/DENTAL

MOP024

SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR MN - LO	NG TE	ERM CARE - TOTAL			M	יייזאר	HLY AVERAGE -
27 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7. 7.7	ERAGE COST			COST PER C
Z/ EDIGIBLES	OSEKS	OR DAYS OF CARE		EXPENDITORES		R UNIT/DAY			USER E
@OPTOMETRIST	3	or data of care	\$	186.26	\$	16.93	.407		62.09 \$
DIAGNOSTIC AND ANC. PROCED	1	2	Y	47.45	Y	23.73	.074	Y	47.45
EYE APPLIANCES	2	9		138.81		15.42	.333		46.27
OTHER OPTOMETRIC SERVICES	3	0				.00	.000		.00
	0	0	Ċ.	.00	\$		.000	۲.	
@CHIROPRACTOR	0	0	\$	.00	Þ	.00		Þ	·
VISITS	0	0		.00		.00	.000		.00
OTHER SERVICES	0		Ċ.	.00	4	.00	.000	4	.00
@PODIATRIST MEDICINE/INJECTIONS	0	0	\$	.00	\$	.00	.000	Þ	.00 \$ .00
	0	0				.00			
SURGERY/ANES.	0			.00		.00	.000		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00
OTHER	0	0	À	.00	4	.00	.000	4	.00
@HOME HEALTH AGENCY	0	0	\$	.00	Ş	.00	.000		.00 \$
NURSE ANESTHESIST	0	0	\$ \$ \$	.00	Ş	.00	.000	Ş	.00 \$
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	Ş	.00 \$
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	Ş	.00 \$
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	\$	.00 \$
@TOTAL HOSPITAL	5	11	Ş	11,552.30CR		1050.21CR		\$	·
HOSP INPATIENT TOTAL	4	0		11,790.00CR		.00	.000		2947.50CR
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	4	0		11,790.00CR		.00	.000		2947.50CR
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	1	11		237.70		21.61	.407		237.70
MEDICAL	1	1		62.37		62.37	.037		62.37
SURGERY	1	1		18.94		18.94	.037		18.94
PATHOLOGY	1	4		45.51		11.38	.148		45.51
RADIOLOGY	1	1 1		19.67		19.67	.037		19.67
ROOM USE	1			46.91		46.91	.037		46.91
CROSSOVERS/ALL OTH OUTPTNT	1	3		44.30		14.77	.111		44.30
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL

							M	CNT	HLY AVERA	4GE −
27 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY		COST PER	C
		OR DAYS OF CAR	3			R UNIT/DAY			USER	E
@COMMUNITY HOSPITAL TOTAL	5	11	\$	11,552.30CR				\$	2310.460	CR\$
COMM HOSP INPATIENT TOTAL	4	0	•	11,790.00CR		.00	.000	•	2947.500	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	4	0		11,790.00CR		.00	.000		2947.500	٦r
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	,,,,
COMM HOSP OUTPATIENT TOTAL	1	11		237.70		21.61	.407		237.70	
MEDICAL	1	1		62.37		62.37	.037		62.37	
SURGERY	1	1		18.94		18.94	.037		18.94	
PATHOLOGY	1	1		45.51		11.38	.148		45.51	
	1	1				19.67				
RADIOLOGY	1	1		19.67			.037		19.67	
ROOM USE				46.91		46.91	.037		46.91	
CROSSOVERS/ALL OTH OUTPTNT	1	3	à	44.30	4	14.77	.111	4	44.30	4
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0	4.	.00	4.	.00	.000	4.	.00	1.
@NURSING FACILITY	46	1,535	\$	190,137.10	Ş	123.87	56.852	\$	4133.42	\$
LEV A-INTERMEDIATE	2	61		4,249.94		69.67	2.259		2124.97	
LEV B-REHAB MD	15	541		72,837.54		134.64	20.037		4855.84	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	29	933		113,049.62		121.17	34.556		3898.26	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	1	4	\$	84.76	\$	21.19	.148	\$	84.76	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	1	4		84.76		21.19	.148		84.76	
@LABORATORY FACILITY	1	6	\$	66.00	\$	11.00	.222	\$	66.00	\$
PATHOLOGY	1	6	•	66.00		11.00	.222	•	66.00	·
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	155	249	\$	60,163.23	\$	241.62	9.222	\$	388.15	\$
CLINIC	0	0	-	.00	т	.00	.000	т	.00	т
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	155	249		60,163.23		241.62	9.222		388.15	
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT RE	POR1			DEC		PA
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MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MN - LONG TERM CARE - TOTAL SANTA CRUZ COUNTY

SANIA CROZ COUNTI	DOMINANT OF DERVIC	TONOT - MM NOT CH	LIGHT CARE - TOTAL				
					MON	THLY AVERAG	E -
27 ELIGIBLES	USERS U	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	152	8,144 \$	5,244.78	\$ .64	301.630 \$	34.51	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	4	37	604.09	16.33	1.370	151.02	
AMBULANCES/AIR TRANS	4	37	604.09	16.33	1.370	151.02	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	130	276	3,256.09	11.80	10.222	25.05	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	19	7,831	1,384.60	.18	290.037		
@CALIF. CHILDREN SERVICES*	25	753 \$	45,292.66	•		1811.71	
@XOVER EXCLUDING STATE HOSP**		35 \$	11,037.46CF	2 \$ 315.36CR	1.296 \$	298.31CR	\$
@* TOTALS IN THESE LINES ARE	GIVEN AS A SEPARAT	TE INFORMATION ITEM	ONLY:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL MOP024

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

					ITHLY AVERA	GE -	
99 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	2,641	27,498	\$ 1,072,906.64	\$ 39.02	277.758	406.25	\$ 1
@PHYSICIANS SERVICES	37	74	\$ 1,891.28	\$ 25.56	.747	51.12	\$
OUTPATIENT VISITS	1	2	152.68	76.34	.020	152.68	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	2	152.68	76.34	.020	152.68	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

CRITICAL CARE	0	0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	2	14		20.07		1.43	.141		10.04	
RADIOLOGY	3	10		976.61		97.66	.101		325.54	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	31	48		741.92		15.46	.485		23.93	
@PHARMACY	1,091	14,042	\$	281,694.98	\$	20.06	141.838	\$	258.20	\$
PRESCRIPTION DRUGS	1,089	1,824		279,180.65		153.06	18.424		256.36	
SNF/ICF	967	1,621		259,665.85		160.19	16.374		268.53	
OUTPATIENTS	122	203		19,514.80		96.13	2.051		159.96	
MEDICAL SUPPLIES	14	12,218		2,514.33		.21	123.414		179.60	
@DENTIST	490	1,724	\$	68,790.90	\$	39.90	17.414	\$	140.39	\$
VISITS - DIAGNOSTIC	396	1,074		17,025.45		15.85	10.848		42.99	
ORAL SURGERY	58	228		9,513.50		41.73	2.303		164.03	
DRUGS	1	2		15.00		7.50	.020		15.00	
ANESTHESIA	12	15		1,100.00		73.33	.152		91.67	
PERIODONTICS	22	23		2,533.00		110.13	.232		115.14	
ENDODONTICS	21	31		5,601.00		180.68	.313		266.71	
RESTORATIVE DENTISTRY	53	115		8,124.20		70.65	1.162		153.29	
PROSTHETICS	6	8		395.00		49.38	.081		65.83	
DENTURES, STAYPLATES	61	180		24,433.75		135.74	1.818		400.55	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	24	48		50.00		1.04	.485		2.08	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES M	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DE	NTAL								
0.11ml 001ml										

----- MONTHLY AVERAGE -99 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @OPTOMETRIST 18 18.44 .182 \$ 66.38 \$ 5 331.92 DIAGNOSTIC AND ANC. PROCED 3 86.89 28.96 .030 43.45 EYE APPLIANCES 16.34 .152 49.01 15 245.03 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 @CHIROPRACTOR \$ .00 .00 .000 \$ .00 VISITS .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 @PODIATRIST .73 .37 .020 \$ .73 MEDICINE/INJECTIONS .000 .00 .00 .00 .000 SURGERY/ANES. .00 .00 .00

SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

SANTA CRUZ COUNTY

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00
OTHER	1	2		.73	.37	.020	.73
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00 \$
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00 \$
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00 \$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00 \$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00 \$
@TOTAL HOSPITAL	13	42	\$	19,735.67	\$ 469.90	.424	\$ 1518.13 \$
HOSP INPATIENT TOTAL	9	18	·	19,191.58	1066.20	.182	2132.40
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITAL TOTAL	2	18		36,970.53	2053.92	.182	18485.27
ACCOMMODATIONS	2	18		10,022.40	556.80	.182	5011.20
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	2	18		10,022.40	556.80	.182	5011.20
ANCILLARIES	2	0		26,948.13	.00	.000	13474.07
INPATIENT CROSSOVERS	7	0		17,778.95CR	.00	.000	2539.85CR
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00
HOSP OUTPATIENT TOTAL	6	24		544.09	22.67	.242	90.68
MEDICAL	1	1		82.41	82.41	.010	82.41
SURGERY	1	1		4.00	4.00	.010	4.00
PATHOLOGY	1	8		76.28	9.54	.081	76.28
RADIOLOGY	2	2		212.29	106.15	.020	106.15
ROOM USE	2	2		72.68	36.34	.020	36.34
CROSSOVERS/ALL OTH OUTPTNT	4	10		96.43	9.64	.101	24.11
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00 \$
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00
ANCILLARIES	0	0		.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CVILE DEDA VE REVIAR GED!!	MEDI CAI CEDUTCEC A	ND EADEMDIAGIDEG	MUNITI OF DAVMENT DEDODT	TAKE CO	SOUR WILDII DEG	2 2005

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

MOP024

MOP024	FEE-FOR-SERVICE										
SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR MEDICALL	ΥN	NEEDY - AGED							
									CHLY AVERA		
99 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY			C	
		OR DAYS OF CARE					PER ELIG		USER	E	
@COMMUNITY HOSPITAL TOTAL	13		\$	19,735.67		469.90		\$	1518.13	\$	
COMM HOSP INPATIENT TOTAL	9	18		19,191.58		1066.20			2132.40		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITALS TOTAL	2	18		36,970.53		2053.92	.182		18485.27		
ACCOMMODATIONS	2	18		10,022.40		556.80	.182		5011.20		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	2	18		10,022.40		556.80	.182		5011.20		
ANCILLARIES	2	0		26,948.13		.00	.000		13474.07		
INPATIENT CROSSOVERS	7	0		17,778.95CR		.00	.000		2539.85C	.'R	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
COMM HOSP OUTPATIENT TOTAL	6	24		544.09		22.67	.242		90.68		
MEDICAL	1	1		82.41		82.41	.010		82.41		
SURGERY	1	1		4.00		4.00	.010		4.00		
PATHOLOGY	1	8		76.28		9.54	.081		76.28		
RADIOLOGY	2	2		212.29		106.15	.020		106.15		
ROOM USE	2 2	2 2		72.68		36.34	.020		36.34		
CROSSOVERS/ALL OTH OUTPTNT	4	10		96.43		9.64	.101		24.11		
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
MENTALLY ILL	0	0		.00	·	.00	.000	·	.00	·	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		
@NURSING FACILITY	41	1,417	\$	174,244.66	\$	122.97		\$	4249.87	\$	
LEV A-INTERMEDIATE	2	61		4,249.94	•	69.67	.616	•	2124.97	•	
LEV B-REHAB MD	13	488		64,662.98		132.51	4.929		4974.08		
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
LEV B-REGULAR	26	868		105,331.74		121.35	8.768		4051.22		
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	Ś	
ICF DDH	0	0	'	.00		.00	.000	•	.00	•	
ICF DD	0	0		.00		.00	.000		.00		
ICF DDN/DDCN	0	0		.00		.00	.000		.00		
@HEMODIALYSIS TOTAL	1	2	\$	931.68	\$	465.84	.020	Ś	931.68	\$	
HOSPITAL BASED	0	0	т	.00	т	.00	.000	т	.00	τ	
HEMODIALYSIS CENTER	1	2		931.68		465.84	.020		931.68		
@REHABILITATION FACILITY	0		Ġ	.00	\$	.00	.000	Ś	.00	Ś	
HOSPITAL BASED	0	0	т	.00	т	.00	.000	т	.00	τ	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		
@LABORATORY FACILITY	i		\$	334.90CR	Ś	11.96	.283C	RŚ	334.90C	¹R.Ś	
PATHOLOGY	1	28CR	~	334.90CR		11.96	.283C		334.90C		
XO AND OTHERS	0	0		.00		.00	.000		.00		
@ORGANIZED OUTPATIENT CLINIC	747	· ·	\$	417,690.17	\$	136.81	30.838	Ś		\$	
	, . ,	5,055	~	11,,000.17	٣		50.050	4	222.10	٣	

CLINIC 0 0 .00 .00 .000 .00 0 SURGICENTER 0 .00 .00 .000 .00 HEROIN DETOX CLINIC 0 .00 .00 .000 .00 0 RURAL HEALTH CLINIC 747 3,053 417,690.17 136.81 30.838 559.16

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL PA

---- MONTHLY AVERAGE -

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - AGED

						MON'	LHTA AAEKA(	GE: -
99 ELIGIBLES		ITS OF SERVICE OR DAYS OF CARE		XPENDITURES	AVERAGE COST PER UNIT/DAY	,	COST PER USER	C E
@ALL OTHER PROVIDERS	451	7,152	\$	107,929.55	\$ 15.09	72.242 \$		\$
DURABLE MED. EQUIP.	0	, 0	·	.00	.00	.000	.00	·
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	3	23		1,621.22	70.49	.232	540.41	
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	97	2,572		96,798.77	37.64	25.980	997.93	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	331	750		8,339.87	11.12	7.576	25.20	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	24	3,807		1,169.69	.31	38.455	48.74	
@CALIF. CHILDREN SERVICES*	13	306	\$		\$ 118.57			
@XOVER EXCLUDING STATE HOSP**	60	92	\$	15,382.92CR	\$ 167.21CR	.929 \$	256.38C	R\$
@* TOTALS IN THESE LINES ARE GIV	JEN AS A SEPARATE	: INFORMATION I	TEM ONLY:					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - BLIND

				MON'	THLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	15	420 \$	3,678.24	\$ 8.76	.000 \$	245.22	\$
@PHYSICIANS SERVICES	6	17 \$	1,055.90	\$ 62.11	.000 \$	175.98	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	Ö		.00	.00	.000	.00	
OTHER OUTPATIENT	0	Ö		.00	.00	.000	.00	
INPATIENT VISITS	3	7		639.34	91.33	.000	213.11	
HOSPITAL VISITS	3	,		454.00	75.67	.000	151.33	
CRITICAL CARE	1	1		185.34	185.34	.000	185.34	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1		42.94	42.94	.000	42.94	
EXAMINATIONS	1	1		42.94	42.94	.000	42.94	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	1		17.03	17.03	.000	17.03	
PRINCIPAL SURGEON	1	1		17.03	17.03	.000	17.03	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	1	4		222.04	55.51	.000	222.04	
PRINCIPAL SURGEON	1	4		222.04	55.51	.000	222.04	
ASSISTANT SURGEON	1	0		.00	.00	.000	.00	
ASSISIANI SURGEON ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
	0	0						
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	0	3		.00	.00	.000	.00	
RADIOLOGY	3	3 0		77.25	25.75	.000	25.75	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	-		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS		1 7 5		57.30	57.30	.000	57.30	
@PHARMACY	5	-/	\$	1,726.28 \$	246.61	.000	•	\$
PRESCRIPTION DRUGS	4	5		1,602.02	320.40	.000	400.51	
SNF/ICF	4	5		1,287.67	257.53	.000	321.92	
OUTPATIENTS	0	0		314.35	.00	.000	.00	
MEDICAL SUPPLIES	1	2	4.	124.26	62.13	.000	124.26	
@DENTIST	2	18	\$	64.00 \$	3.56	.000		\$
VISITS - DIAGNOSTIC	2	12		64.00	5.33	.000	32.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	
RESTORATIVE DENTISTRY	1	6		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITU	RES M	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU D	EC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL							
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR	R MEDICA	LLY N	NEEDY - BLIND				
						346		. ~ =

----- MONTHLY AVERAGE -EXPENDITURES AVERAGE COST UNITS/DAYS COST PER 00 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER .00 .000 \$ @OPTOMETRIST 0 \$ .00 .00 \$ DIAGNOSTIC AND ANC. PROCED .00 .00 .000 .00 EYE APPLIANCES .00 .000 .00 0 0 .00 OTHER OPTOMETRIC SERVICES .000 0 .00 .00 .00 @CHIROPRACTOR .00 .00 .000 \$ .00 \$

VISITS	0		0		.00		.00	.000		.00	
OTHER SERVICES	0		0		.00		.00	.000		.00	
@PODIATRIST	0		0 \$		.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00	
SURGERY/ANES.	0		0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00	
OTHER	0		0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0		0 \$	5	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0				.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0		0 \$	5	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0		0 \$ 0 \$ 0 \$ 0 \$	5	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0		0 \$	5	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	1		11 \$	5	237.70	\$	21.61	.000	\$	237.70	\$
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00	
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
ANCILLARIES	0		0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	1		11		237.70		21.61	.000		237.70	
MEDICAL	1		1		62.37		62.37	.000		62.37	
SURGERY	1		1		18.94		18.94	.000		18.94	
PATHOLOGY	1		4		45.51		11.38	.000		45.51	
RADIOLOGY	1		1		19.67		19.67	.000		19.67	
ROOM USE	1		1		46.91		46.91	.000		46.91	
CROSSOVERS/ALL OTH OUTPTNT	1		3		44.30		14.77	.000		44.30	
@COUNTY HOSPITAL TOTAL	0		0 \$	5	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00	
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
ANCILLARIES	0		0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	
ALL OTHER INPATIENT	ŭ		•		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00	
MEDICAL SURGERY	0		0		.00		.00	.000		.00	
	0		0		.00		.00	.000		.00	
PATHOLOGY	0		0		.00		.00	.000		.00	
RADIOLOGY	O		0		.00		.00	.000		.00	
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00	
	MEDI-CAL SERVICE	בכ אאט בעט		י м∩אידים		ידים∩חי			חפכ		PA
· ·	FEE-FOR-SERVICE		FINDITORES	MONIA	-OF-PAIMENI KE	PORT	FOR DAN	2005 IRKU	DEC	2005	PP.
SANTA CRUZ COUNTY	SUMMARY OF SERVI		MEDICATIV	NEEDV	_ DI TND						
DANIA CRUZ COUNTI	DUMMARI OF BERVI	TCES FOR	ин От СМПП І	. NEEDI	– מוודוום			M	∩⋈Ͳ⊔	T.V ANDDA	CF -
00 ELIGIBLES	USERS	UNITS OF	SERVICE	,	EXPENDITURES	<b>∆</b> ₹/₽1	SAGE COST	UNITS/DAY			C C
OO HUIGIDHED	ONLIND	OR DAYS						PER ELIG		USER	E
@COMMUNITY HOSPITAL TOTAL	1	OK DAID	11 \$	5	237.70	\$	21.61	.000			
	<u> </u>		4	-	237.70	٣	21.01	.000	٣		٣

COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	1	11	237.70	21.61	.000	237.70	
MEDICAL	1	1	62.37	62.37	.000	62.37	
SURGERY	1	1	18.94	18.94	.000	18.94	
PATHOLOGY	1	4	45.51	11.38	.000	45.51	
RADIOLOGY	1	1	19.67	19.67	.000	19.67	
ROOM USE	1	1	46.91	46.91	.000	46.91	
CROSSOVERS/ALL OTH OUTPTNT	1	3	44.30	14.77	.000	44.30	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	1	4	\$ 84.76	\$ 21.19	.000	\$ 84.76	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	

INDEPENDENT FACILITY	1	4	84.76	21.19	.000	84.76	
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$
PATHOLOGY	0	0	.00	.00	.000	.00	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000 \$	.00	\$
CLINIC	0	0	.00	.00	.000	.00	•
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO					PA
MOP024	FEE-FOR-SERVICE		ONIII-OF-FAIMENT RE	HORT FOR DAIN	ZUUJ IIIKU DEK	2005	E F
SANTA CRUZ COUNTY		ICES FOR MEDICALLY N	EEDA BIIND				
SANTA CRUZ COUNTI	SUMMARI OF SERV	ICES FOR MEDICALLI N	FEDI - PLIND		MONT	ת מידות איניים	CE.
	Hanna	INITEG OF GERVICE		717D7GE GOGE	MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				C
		OR DAYS OF CARE		PER UNIT/DAY		USER	E
@ALL OTHER PROVIDERS	6	363 \$	509.60	\$ 1.40	.000 \$	84.93	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	4	37	604.09	16.33	.000	151.02	
AMBULANCES/AIR TRANS	4	37	604.09	16.33	.000	151.02	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
	0	0				19.12	
OPTICIAN	1	0	19.12	9.56	.000		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	1	324	113.61CR			113.61C	R
@CALIF. CHILDREN SERVICES*	10	395 \$	2,307.45	\$ 5.84	.000 \$	230.75	\$
@XOVER EXCLUDING STATE HOSP**		0 \$	.00	\$ .00	.000 \$	.00	\$
@* TOTALS IN THESE LINES ARE		•		٠٠٠	.000 5	.00	Ÿ
THE AMOUNTS ARE ALREADY IN							
			S ABOVE.				
** THESE DATA ARE INCLUDED I				IDODE HOD TAN	000E WIIDII DE	7 0005	D.7
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	ONTH-OF-PAYMENT RE	PORT FOR JAN	∠UU5 THRU DE(	2005	PΑ
MOP024	FEE-FOR-SERVICE						
SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR MEDICALLY N	EEDY - DISABLED				
					MON7		
763 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		UNITS/DAYS		C
		OR DAYS OF CARE		PER UNIT/DAY		USER	E
@TOTAL, ALL PROVIDERS	4,818	110,020 \$	3,344,789.50	\$ 30.40	144.194 \$	694.23	\$

@PHYSICIANS SERVICES	201	733	\$	17,356.65	\$	23.68	.961	\$	86.35	\$
OUTPATIENT VISITS	43	50		2,064.99		41.30	.066		48.02	
OFFICE VISITS	22	27		917.48		33.98	.035		41.70	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	6	6		524.70		87.45	.008		87.45	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	
OTHER OUTPATIENT	16	17		622.81		36.64	.022		38.93	
INPATIENT VISITS	4	13		443.61		34.12	.017		110.90	
HOSPITAL VISITS	4	13		443.61		34.12	.017		110.90	
CRITICAL CARE	0	0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	7	9		307.72		34.19	.012		43.96	
EXAMINATIONS	7	9		307.72		34.19	.012		43.96	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	2	31		699.94		22.58	.041		349.97	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	2	31		699.94		22.58	.041		349.97	
OUTPATIENT SURGERY	11	25		2,292.51		91.70	.033		208.41	
PRINCIPAL SURGEON	8	12		1,819.99		151.67	.016		227.50	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	3	13		472.52		36.35	.017		157.51	
DIALYSIS	0	13		.00		.00	.000		.00	
	8	69		.00 981.76		14.23			122.72	
PATHOLOGY	8 19	69 27				14.23 27.59	.090			
RADIOLOGY	19			744.82			.035		39.20	
PSYCHIATRY		10		232.20		23.22	.013		23.22	
IMMUNIZATION AND INJECTION	2	5		27.25		5.45	.007		13.63	
OTHER SERVICES/ALL X-OVERS	128	494		9,561.85	4	19.36	.647		74.70	
@PHARMACY	2,553	20,390	\$	1,560,245.65	\$	76.52	26.723	Ş	611.14	\$
PRESCRIPTION DRUGS	2,509	7,414		1,542,312.09		208.03	9.717		614.71	
SNF/ICF	538	1,076		277,390.93		257.80	1.410		515.60	
OUTPATIENTS	1,977	6,338		1,264,921.16		199.58	8.307		639.82	
MEDICAL SUPPLIES	102	12,976		17,933.56		1.38	17.007		175.82	
@DENTIST	391	1,657	\$	55,762.40	\$	33.65	2.172	\$	142.61	\$
VISITS - DIAGNOSTIC	293	1,081		13,114.75		12.13	1.417		44.76	
ORAL SURGERY	62	157		8,815.75		56.15	.206		142.19	
DRUGS	2	2		30.00		15.00	.003		15.00	
ANESTHESIA	12	12		1,200.00		100.00	.016		100.00	
PERIODONTICS	27	27		2,942.00		108.96	.035		108.96	
ENDODONTICS	28	43		8,315.00		193.37	.056		296.96	
RESTORATIVE DENTISTRY	93	243		15,352.00		63.18	.318		165.08	
PROSTHETICS	2	2		60.00		30.00	.003		30.00	
DENTURES, STAYPLATES	17	60		5,832.90		97.22	.079		343.11	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	1	1		100.00		100.00	.001		100.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	1	8		.00		.00	.010		.00	
ALL OTHER SERVICES	14	21		.00		.00	.028		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES 1	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2005 THRU	DEC	2005	PA

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - DISABLED

763 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COR DAYS OF CARE PER UNIT/DAY PER ELIG USER F

@OPTOMETRIST	22	49	\$	815.04	\$	16.63	.064	\$	37.05	\$
DIAGNOSTIC AND ANC. PROCED	7	8	۲	189.80	۲	23.73	.010	۲	27.11	۲
EYE APPLIANCES	18	39		618.89		15.87	.051		34.38	
OTHER OPTOMETRIC SERVICES	1	2		6.35		3.18	.003		6.35	
@CHIROPRACTOR	1	0	<u>ب</u>	.00	4		.003	۲,		Ċ.
	0		\$		Ş	.00		\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	46	89	\$	2,031.45	\$	22.83	.117	\$	44.16	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	46	89		2,031.45		22.83	.117		44.16	
@HOME HEALTH AGENCY	50	7,642	\$	269,406.48	\$	35.25	10.016	\$	5388.13	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	Ė	.00	Ė	.00	.000	Ė	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	Ė	.00	Ė	.00	.000	Ė	.00	\$
FAMILY NURSE PRACTITIONER	0	0	Š	.00	\$	.00	.000	Š	.00	\$
@TOTAL HOSPITAL	141	436	Š	76,300.61		175.00	.571	\$	541.14	Š
HOSP INPATIENT TOTAL	36	32	۲	65,966.47	۲	2061.45	.042	۲	1832.40	۲
HSC HOSPITALS	6	23		37,852.00		1645.74	.030		6308.67	
NON-HSC HOSPITAL TOTAL	1			5,487.90		609.77				
	1	9		•			.012		5487.90	
ACCOMMODATIONS	<u>T</u>	9		2,081.70		231.30	.012		2081.70	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0 9		.00		.00	.000		.00	
ALL OTHER ACCOM	1	9		2,081.70		231.30	.012		2081.70	
ANCILLARIES	1	0		3,406.20		.00	.000		3406.20	
INPATIENT CROSSOVERS	29	0		22,626.57		.00	.000		780.23	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	107	404		10,334.14		25.58	.529		96.58	
MEDICAL	13	17		475.87		27.99	.022		36.61	
SURGERY	2	2		37.24		18.62	.003		18.62	
PATHOLOGY	18	69		876.83		12.71	.090		48.71	
RADIOLOGY	12	16		820.44		51.28	.021		68.37	
ROOM USE	23	28		984.71		35.17	.037		42.81	
CROSSOVERS/ALL OTH OUTPTNT	67	272		7,139.05		26.25	.356		106.55	
@COUNTY HOSPITAL TOTAL	9	16	\$	439.14	\$	27.45	.021	\$	48.79	\$
CO HOSPITAL INPATIENT TOTAL	0	0	۲	.00	۲	.00	.000	۲	.00	۲
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
	0	0		.00						
ADMINISTRATIVE DAYS	0	0				.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	9	16		439.14		27.45	.021		48.79	
MEDICAL	2	2		145.44		72.72	.003		72.72	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	3	6		57.49		9.58	.008		19.16	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	5	8		236.21		29.53	.010		47.24	
	MEDI-CAL SERVICES A	•	JRES MO		EPOR			DEC		PF
	TEE FOR CERVICE / DEN				010					

FEE-FOR-SERVICE/DENTAL

MOP024

----- MONTHLY AVERAGE -763 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C

		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	729	73,807	\$	504,243.54	\$	6.83	96.733	\$ 691.69	\$
DURABLE MED. EQUIP.	30	133		29,563.80		222.28	.174	985.46	
BLOOD BANK	0	0		.00		.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00	
MEDICAL TRANSPORTATION	7	38		855.79		22.52	.050	122.26	
AMBULANCES/AIR TRANS	7	37		845.91		22.86	.048	120.84	
OTHER TRANS	0	0		.00		.00	.000	.00	
OTHER SERVICES	1	1		9.88		9.88	.001	9.88	
ACUPUNCTURE	7	21		351.65		16.75	.028	50.24	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00	
GENETIC DISEASE TESTING	1	1		105.00		105.00	.001	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	89	7,248		214,717.63		29.62	9.499	2412.56	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00	
OPTICIAN	216	518		4,983.17		9.62	.679	23.07	
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00	
PORTABLE X-RAY	0	0		.00		.00	.000	.00	
PROSTHETIST/ORTHOTISTS	12	59		11,989.35		203.21	.077	999.11	
PROSTHETICS	12	59		11,989.35		203.21	.077	999.11	
ORTHOTICS	0	0		.00		.00	.000	.00	
PSYCHOLOGIST	0	0		.00		.00	.000	.00	
SPEECH AND AUDIOLOGY	2	10		439.42		43.94	.013	219.71	
HOSPICE SERVICES	0	0		.00		.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00	
LOCAL EDUCATION AGENCIES	237	23,428		103,616.79		4.42	30.705	437.20	
EPSDT SUPPLEMENTAL SERVICE	23	4,314		115,087.34		26.68	5.654	5003.80	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	
ALL OTHER PROVIDERS	147	38,037		22,533.60		.59	49.852	153.29	
@CALIF. CHILDREN SERVICES*	338	52,543	\$	536,299.74	\$	10.21	68.864	\$ 1586.69	\$
@XOVER EXCLUDING STATE HOSP**	259	6,747	\$	46,740.70	\$	6.93	8.843	\$ 180.47	\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

@OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER ### PROCEDIAL HOSPITAL HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL CO HOSPITALS NON-HSC HOSPITALS NON-HSC HOSPITALS ON USE CROSSOVERS/ALL OTH OUTPTNT @COUNTY HOSPITAL TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT CO HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES 941.02 453.94	AV PE	ERAGE COST R UNIT/DAY	UNITS/DAYS	3	COST PER USER	C E
@OPTOMETRIST	21	52	\$	941.02	\$	18.10	.001	\$	44.81	\$
DIAGNOSTIC AND ANC. PROCED	16	18		453.94		25.22	.000		28.37	
EYE APPLIANCES	12	34		487.08		14.33	.001		40.59	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	99	418	\$	17,595.96	\$	42.10	.010	\$	177.74	\$
NURSE ANESTHESIST	0	0	Ė	.00	Ė	.00	.000	Ė	.00	Ś
NURSE MIDWIFE	1	32	Ė	1,174,60	Ė	36.71	.001	Ė	1174.60	Ė
PEDIATRIC NURSE PRACTITIONER	0	0	Š	-, - : - : : : : : : : : : : : : : : : :	Š	. 0.0	. 000	Š	.00	Š
FAMILY NURSE PRACTITIONER	0	0	Š	0.0	Š	0.0	000	Š	0.0	Š
@TOTAL HOSPITAL	3.445	16.858	Š	5 884 847 46	Š	349 08	392	Š	1708 23	Š
HOSP INPATIENT TOTAL	665	2.814	Ψ	5.513.937.03	۲	1959 47	065	7	8291 63	۲
HSC HOSPITALS	267	1 067		2 129 141 41		1995 45	025		7974 31	
NON_UCC HOCDITAL TOTAL	402	1,007		3 382 971 62		1936 45	041		9/15 35	
ACCOMMODATIONS	402	1 7/7		933 484 60		534 34	041		2322 10	
ACCOMMODALIONS ADMINICUPATIVE DAVC	402	1,747		00		00	000		00	
TDANGITTONAL TO CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	402	1 747		933 484 60		534 34	041		2322 10	
ADD OTHER ACCOM	402	1,747		2 449 497 02		00	.041		6002 25	
TNDATTENT CDOCCOVEDC	402	0		2,449,467.02		.00	.000		012.00	
ALL OWIED INDAMIENT	2	0		1,824.00		.00	.000		912.00	
ALL OTHER INPATTENT	2 110	14 044		.00		.00	.000		110 06	
MUSP OUTPATIENT TOTAL	3,118	14,044		370,910.43		26.41	.326		118.96	
MEDICAL	321	469		26,500.36		56.50	.011		82.56	
SURGERY	262	311		13,683.53		44.00	.007		52.23	
PATHOLOGY	1,239	4,744		51, 797.49		10.92	.110		41.81	
RADIOLOGY	672	874		79,849.44		91.36	.020		118.82	
ROOM USE	1,597	2,103		82,407.32		39.19	.049		51.60	
CROSSOVERS/ALL OTH OUTPTNT	1,627	5,543	4.	116,672.29	4.	21.05	.129		71.71	4.
@COUNTY HOSPITAL TOTAL	51	188	Ş	80,303.45	Ş	427.15	.004	Ş	1574.58	Ş
CO HOSPITAL INPATIENT TOTAL	16	58		74,590.46		1286.04	.001		4661.90	
HSC HOSPITALS	15	57		74,219.12		1302.09	.001		4947.94	
NON-HSC HOSPITALS TOTAL	1	1		371.34		371.34	.000		371.34	
ACCOMMODATIONS	1	1		231.30		231.30	.000		231.30	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	1	1		231.30		231.30	.000		231.30	
ANCILLARIES	1	0		140.04		.00	.000		140.04	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	39	130		5,712.99		43.95	.003		146.49	
MEDICAL	15	20		1,300.31		65.02	.000		86.69	
SURGERY	2	2		152.93		76.47	.000		76.47	
PATHOLOGY	8	14		151.01		10.79	.000		18.88	

----- MONTHLY AVERAGE -

RADIOLOGY	7	16	834.55	52.16	.000	119.22
ROOM USE	28	37	1,504.56	40.66	.001	53.73
CROSSOVERS/ALL OTH OUTPTNT	14	41	1,769.63	43.16	.001	126.40

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CROSSOVERS/ALL OTH OUTPTNT 14 41 1,769.63 43.16 .001 126.4 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

#CALLF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITORES MONTH-OF-PAYMENT REPORT FOR JAN 2005

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

SANIA CRUZ COUNTI	SUMMARI OF SER	VICES FOR MEDICALL	IND	EDI - FAMILIES			3.44	\ <b>X</b> T CCC			
42 026 ELICIDIES	USERS	INTER OF CEDUTOR		EXPENDITURES	7/ 7/ 7/ 7		UNITS/DAYS			7GE -	
43,026 ELIGIBLES		UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES			PER ELIG	>	USER	E	
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	3 305		\$	5,804,544.01	\$	348.20		Ċ	1709.73		
COMM HOSD INDATIFAT TOTAL	649	2,756	Y	5,439,346.57		1973.64	.064	Y	8381.12	Ą	
UCC UCCDITALC	252	1,010		2,054,922.29		2034.58	.023		8154.45		
NON-RCC ROCHIMATE MOMAI	401	1,746		3,382,600.28		1937.34	.023		8435.41		
ACCOMMODATIONS ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	401	1,746		933,253.30		534.51	.041		2327.31		
ACCOMMODATIONS	401	1,740		.00		.00	.000		.00		
ADMINISIRATIVE DAIS	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	401					534.51	.041		2327.31		
ALL OIDER ACCOM	401			933,253.30 2,449,346.98		.00	.000		6108.10		
ANCILLARIES	401	0 0 0 13,914		1,824.00		.00	.000		912.00		
INPALLENT CROSSOVERS	2	0		•		.00	.000				
ALL CIMER INPALLENT	0	12 014		.00					.00		
COMM HOSP OUTPATIENT TOTAL	3,079	13,914		365,197.44		26.25	.323		118.61		
THEFTCILE	300	449		25,200.05		56.12	.010		82.35		
SURGERY	260	309		13,530.60		43.79	.007		52.04		
PATHOLOGY	1,231	4,730		51,646.48		10.92	.110		41.95		
RADIOLOGY	665	858		79,014.89		92.09	.020		118.82		
ROOM USE	1,569	2,066		80,902.76		39.16	.048		51.56		
CROSSOVERS/ALL OTH OUTPTNT	1,569 1,613 0 0 0 1 0	5,502		114,902.66	_	20.88	.128		71.24		
@STATE HOSPITAL	0	0	Ş	.00	\$	.00	.000	Ş	.00	\$	
MENTALLY ILL	0	0		.00		.00	.000		.00		
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		
@NURSING FACILITY	1		\$	1,894.56	\$	236.82	.000	\$	1894.56	\$	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		
LEV B-REHAB MD	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		
LEV B-TRANSITIONAL IP CARE	0 0 1 0	0		.00		.00	.000		.00		
LEV B-REGULAR	1	8 0		1,894.56		236.82	.000		1894.56		
@INTERMEDIATE CARE FACILDD	0		\$	.00	\$	.00	.000	\$	.00	\$	
ICF DDH	0	0		.00		.00	.000		.00		
@INTERMEDIATE CARE FACILDD ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY	0	0		.00		.00	.000		.00		
ICF DDN/DDCN	0	0		.00		.00	.000		.00		
@HEMODIALYSIS TOTAL	2	111	\$	3,386.74	\$	30.51	.003	\$	1693.37	\$	
HOSPITAL BASED	0	0		.00		.00	.000		.00		
HEMODIALYSIS CENTER	2	111		3,386.74		30.51	.003		1693.37		
@REHABILITATION FACILITY	128	1,334	\$	22,471.57	\$	16.85	.031	\$	175.56	\$	
HOSPITAL BASED	55	264		7,618.28		28.86	.006		138.51		
INDEPENDENT FACILITY	73	1,070		14,853.29		13.88	.025		203.47		
@LABORATORY FACILITY	1,287	3,875	\$	48,255.85	\$	12.45	.090	\$	37.49	\$	
PATHOLOGY	1,287	3,875		48,255.85		12.45	.090		37.49		
XO AND OTHERS	0	0		.00		.00	.000		.00		
@ORGANIZED OUTPATIENT CLINIC	12,971	23,727	\$	3,276,143.00	\$	138.08	.551	\$	252.57	\$	
CLINIC	435	2,165		57,374.34	-	26.50	.050	•	131.90	•	
SURGICENTER	1	, 1		60.00		60.00	.000		60.00		
HEROIN DETOX CLINIC	1	11		139.36		12.67	.000		139.36		
RURAL HEALTH CLINIC	12,541	21,550		3,218,569.30		149.35	.501		256.64		
	•	,		,							

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - FAMILIES

----- MONTHLY AVERAGE -USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C 43.026 ELIGIBLES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E 263,338.72 \$ 10.92 .561 \$ 70.02 \$

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

MONIMITY ATTENACE

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

					MON	THLY AVERAC	- طن
43,888 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	38,136	267,421 \$	17,187,015.09	\$ 64.27	6.093 \$	450.68	\$
@PHYSICIANS SERVICES	4,612	14,057 \$	1,131,897.45	\$ 80.52	.320 \$	245.42	\$
OUTPATIENT VISITS	2,440	3,558	224,624.07	63.13	.081	92.06	
OFFICE VISITS	530	621	33,356.08	53.71	.014	62.94	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	991	1,112	70,012.64	62.96	.025	70.65	
PREVENTIVE CARE	1	1	37.39	37.39	.000	37.39	
OB VISITS/COMPRE PERI	794	1,518	109,100.00	71.87	.035	137.41	
OTHER OUTPATIENT	275	306	12,117.96	39.60	.007	44.07	
INPATIENT VISITS	624	2,113	194,571.08	92.08	.048	311.81	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	570	1,270	62,369.71	49.11	.029	109.42	
CRITICAL CARE	112	843	132,201.37	156.82	.019	1180.37	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	36	46	2,111.31	45.90	.001	58.65	
EXAMINATIONS	36	46	2,111.31	45.90	.001	58.65	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	775	2,318	404,572.18	174.54	.053	522.03	
PRINCIPAL SURGEON	520	581	321,663.01	553.64	.013	618.58	
ASSISTANT SURGEON	112	112	21,330.35	190.45	.003	190.45	
ANESTHESIOLOGIST	269	1,625	61,578.82	37.89	.037	228.92	
OUTPATIENT SURGERY	311	801	63,388.37	79.14	.018	203.82	
PRINCIPAL SURGEON	253	381	49,232.87	129.22	.009	194.60	
ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	
ANESTHESIOLOGIST	74	419	13,969.00	33.34	.010	188.77	
DIALYSIS	2	2	432.53	216.27	.000	216.27	
PATHOLOGY	391	886	11,726.60	13.24	.020	29.99	
RADIOLOGY	1,396	2,054	84,793.86	41.28	.047	60.74	
PSYCHIATRY	11	11	297.08	27.01	.000	27.01	
IMMUNIZATION AND INJECTION	39	57	1,291.70	22.66	.001	33.12	
OTHER SERVICES/ALL X-OVERS	870	2,211	144,088.67	65.17	.050	165.62	
@PHARMACY	6,861	45,622	\$ 2,985,329.83	\$ 65.44	1.040	\$ 435.12	\$
PRESCRIPTION DRUGS	6,654	15,155	2,267,021.79	149.59	.345	340.70	
SNF/ICF	1,515	2,711	541,231.14	199.64	.062	357.25	
OUTPATIENTS	5,145	12,444	1,725,790.65	138.68	.284	335.43	
MEDICAL SUPPLIES	455	30,467	718,308.04	23.58	.694	1578.70	
@DENTIST	7,947	37,933	\$ 1,116,951.99	\$ 29.45	.864	\$ 140.55	\$
VISITS - DIAGNOSTIC	6,339	25,743	350,825.94	13.63	.587	55.34	
ORAL SURGERY	877	2,147	132,574.24	61.75	.049	151.17	
DRUGS	370	406	9,243.75	22.77	.009	24.98	
ANESTHESIA	192	199	17,742.96	89.16	.005	92.41	
PERIODONTICS	238	241	26,186.00	108.66	.005	110.03	
ENDODONTICS	586	1,228	153,112.45	124.68	.028	261.28	
RESTORATIVE DENTISTRY	2,164	6,694	345,030.27	51.54	.153	159.44	
PROSTHETICS	37	42	1,265.00	30.12	.001	34.19	
DENTURES, STAYPLATES	123	394	48,947.65	124.23	.009	397.95	
SPACE MAINTAINERS	55	63	8,213.00	130.37	.001	149.33	

## MAXILLOFACIAL SERVICES 9 11 987.75 89.80 .000 109.75 0 FRACTURES, DISLOCATIONS 0 .000 .00 .00 .00 ORTHODONTIC SERVICES 215 280 21,947.98 78.39 .006 102.08 ALL OTHER SERVICES 272 485 875.00 1.80 .011 3.22

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

		. 1 0 1	 10111			M	ONT	HLY AVERA	4GE -
43,888 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	C
·		OR DAYS OF CARE			R UNIT/DAY			USER	E
@OPTOMETRIST	48	119	\$ 2,087.98	\$	17.55	.003		43.50	\$
DIAGNOSTIC AND ANC. PROCED	25	29	730.63		25.19	.001		29.23	
EYE APPLIANCES	35	88	1,351.00		15.35	.002		38.60	
OTHER OPTOMETRIC SERVICES	1	2	6.35		3.18	.000		6.35	
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$
VISITS	0	0	.00		.00	.000		.00	
OTHER SERVICES	0	0	.00		.00	.000		.00	
@PODIATRIST	47	91	\$ 2,032.18	\$	22.33	.002	\$	43.24	\$
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	
SURGERY/ANES.	0	0	.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	
OTHER	47	91	2,032.18		22.33	.002		43.24	
@HOME HEALTH AGENCY	149	8,060	\$ 287,002.44	\$	35.61	.184	\$	1926.19	\$
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	1	32	\$ 1,174.60	\$	36.71	.001	\$	1174.60	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	3,600	17,347	\$ 5,981,121.44	\$	344.79	.395	\$	1661.42	\$
HOSP INPATIENT TOTAL	710	2,864	5,599,095.08		1954.99	.065		7886.05	
HSC HOSPITALS	273	1,090	2,166,993.41		1988.07	.025		7937.70	
NON-HSC HOSPITAL TOTAL	405	1,774	3,425,430.05		1930.91	.040		8457.85	
ACCOMMODATIONS	405	1,774	945,588.70		533.03	.040		2334.79	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	
ALL OTHER ACCOM	405	1,774	945,588.70		533.03	.040		2334.79	
ANCILLARIES	405	0	2,479,841.35		.00	.000		6123.07	
INPATIENT CROSSOVERS	38	0	6,671.62		.00	.000		175.57	
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	3,232	14,483	382,026.36		26.38	.330		118.20	
MEDICAL	336	488	27,121.01		55.58	.011		80.72	
SURGERY	266	315	13,743.71		43.63	.007		51.67	
PATHOLOGY	1,259	4,825	52,796.11		10.94	.110		41.93	
RADIOLOGY	687	893	80,901.84		90.60	.020		117.76	
ROOM USE	1,623	2,134	83,511.62		39.13	.049		51.46	
CROSSOVERS/ALL OTH OUTPTNT	1,699	5,828	123,952.07		21.27	.133		72.96	
@COUNTY HOSPITAL TOTAL	60	204	\$ 80,742.59	\$	395.80	.005	\$	1345.71	\$
CO HOSPITAL INPATIENT TOTAL	16	58	74,590.46		1286.04	.001		4661.90	
HSC HOSPITALS	15	57	74,219.12		1302.09	.001		4947.94	
NON-HSC HOSPITALS TOTAL	1	1	371.34		371.34	.000		371.34	
ACCOMMODATIONS	1	1 0	231.30		231.30	.000		231.30	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0 1	.00		.00	.000		.00	
ALL OTHER ACCOM	1		231.30		231.30	.000		231.30	
ANCILLARIES	1	0	140.04		.00	.000		140.04	
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	

ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	48	146	6,152.13	42.14	.003	128.17
MEDICAL	17	22	1,445.75	65.72	.001	85.04
SURGERY	2	2	152.93	76.47	.000	76.47
PATHOLOGY	11	20	208.50	10.43	.000	18.95
RADIOLOGY	7	16	834.55	52.16	.000	119.22
ROOM USE	28	37	1,504.56	40.66	.001	53.73
CROSSOVERS/ALL OTH OUTPTNT	19	49	2,005.84	40.94	.001	105.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for jan	2005 THRU DE	2005
MOP024	FEE-FOR-SERVICE/DENTA	ĄL				

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SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MEDICALLY NEEDY - TOTAL

SANTA CRUZ COUNTY	SUMMARY OF SERV	VICES FOR MEDICAL	тх ин	LEDY - TOTAL		MON	miii	АП
42 000 BLIGIBLES	Hanna				717D7 CD COCH	MON		
43,888 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			COST PER	C
@COMMUNITY HOSPITAL TOTAL	2 544	OR DAYS OF CARE		5 000 050 05	PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	3,541	17,143	\$	5,900,378.85			1666.30	\$
COMM HOSP INPATIENT TOTAL	694	2,806		5,524,504.62	1968.82	.064	7960.38	
HSC HOSPITALS	258	1,033		2,092,774.29	2025.92 1931.79	.024	8111.53	
NON-HSC HOSPITALS TOTAL	404	1,773		3,425,058.71	1931.79	.040	8477.87	
ACCOMMODATIONS	404	1,773		945,357.40	533.20		2339.99	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	1,773 0 0 1,773		.00	.00	.000	.00	
ALL OTHER ACCOM	404	1,773		945,357.40	533.20	.040	2339.99	
ANCILLARIES	404	0		2,479,701.31	.00	.000	6137.87	
INPATIENT CROSSOVERS	38	0		6,671.62	.00	.000	175.57	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3,184	14,337		375,874.23	26.22	.327	118.05	
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	319	0 0 14,337 466 313		25,675.26	55.10	.011	80.49	
SURGERY	264	313		13,590.78	43.42	.007	51.48	
PATHOLOGY	1,248	4,805		52,587.61	10.94	.109	42.14	
RADIOLOGY	680	877		80,067.29	91.30		117.75	
ROOM USE	1,595	2,097		82,007.06	39.11	.048	51.42	
CROSSOVERS/ALL OTH OUTPTNT	1,680	5,779		121,946.23	21.10	.132	72.59	
@STATE HOSPITAL	, 0	, 0	\$	.00	\$ .00	.000 \$	.00	\$
@STATE HOSPITAL  MENTALLY ILL  DEVELOP. DISABLED  @NURSING FACILITY  LEV A-INTERMEDIATE  LEV B-REHAB MD	0	0	'	.00	.00	.000	.00	'
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	51	1,608	\$	203,682.19		.037 \$	3993.77	Ś
LEV A-INTERMEDIATE	2	, 61	·	4,249.94	69.67	.001	2124.97	
LEV B-REHAB MD	16	571		76,199.37	133.45	.013	4762.46	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	33	976		123,232.88	126.26	.022	3734.33	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000 \$		\$
		0	7	.00	.00	.000	.00	т
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
ICF DDH ICF DD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY	6	116	\$	5,419.22	\$ 46.72	.003 \$		\$
HOSPITAL BASED	0	0	۲	.00	.00	.000	.00	۲
HEMODIALYSIS CENTER	6	116		5,419.22	46.72	.003	903.20	
@REHABILITATION FACILITY	217	2,788	\$	41,556.34		.064 \$		\$
HOSPITAL BASED	59	270	۲	7,919.84	29.33	.006	134.23	۲
INDEPENDENT FACILITY	158	2,518			13.36	.057	212.89	
@LABORATORY FACILITY	1,297	3,880	\$	48,280.62		.088 \$		Ś
PATHOLOGY	1,295	3,875	٣	48,228.84		.088	37.24	۲
XO AND OTHERS	2	5,075		51.78	10.36	.000	25.89	
110 11110 01111110	2	9		51.70	10.55	.000	20.00	

### CRGANIZED OUTPATIENT CLINIC   15,231   30,328   5											
SURGICENTER											
SURGICENTER											
SURGICENTER	@ORGANIZED OUTPATIENT CLINIC	15,231	30,328	\$	4,504,457.40	\$	148.52	.691	\$	295.74	\$
SURGICENTER		441	2,171	·	57,485.38	·	26.48	.049			·
HEROIN DETOX CLINIC RURAL HEALTH CLINIC RURAL HEALTH CLINIC WOPO24  SANTA CRUZ COUNTY  MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PAMEDI-CAL SERVICES FOR MEDICALLY NEEDY - TOTAL  WEDI-CAL SERVICES WINTY/DAY PER ELIG USER FOR MEDICALLY NEEDY - TOTAL  WEDI-CAL SERVICES SANT SERVICE SERVICE SEXPENDITURES AVERAGE COST UNITS/DAYS COST PER COMMITTED AVERAGE - TOTAL SERVICES SANT SERVICE SERVICES SANT SERVICES S	SURGICENTER	3	11		968.16		88.01	.000		322.72	
MOPD24	HEROIN DETOX CLINIC	1	11		139.36		12.67	.000		139.36	
MOPD24	RURAL HEALTH CLINIC	14,793	28,135		4,445,864.50		158.02	.641		300.54	
SANTA CRUZ COUNTY  43,888 ELIGIBLES  USERS  UNITS OF SERVICE OR DAYS OF CARE  OR DAYS OF CARE  ***PENDITURES**  **PER UNIT/DAYS**  **PER UNIT/DAYS		THEFT CAME BELLVE	CES AND EXPENDITU	RES	MONTH-OF-PAYMENT RI	EPORT	FOR JAN	2005 THRU	DEC	2005	PA
SANTA CRUZ COUNTY  43,888 ELIGIBLES  USERS  UNITS OF SERVICE OR DAYS OF CARE  OR DAYS OF CARE  ***PENDITURES**  **PER UNIT/DAYS**  **PER UNIT/DAYS	MOP024	FEE-FOR-SERVIC	CE/DENTAL								
## A3,888 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE  ## WALL OTHER PROVIDERS	SANTA CRUZ COUNTY	SUMMARY OF SER	VICES FOR MEDICA	LLY	NEEDY - TOTAL						
®ALL OTHER PROVIDERS         4,947         105,440         \$ 876,021.41         \$ 8.31         2.402         \$ 177.08         \$ 200           DURABLE MED. EQUIP.         47         252         34,331.74         136.24         .006         730.46         81.00         81.31         2.402         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08         \$ 177.08											GE -
## PALL OTHER PROVIDERS	43,888 ELIGIBLES	USERS	UNITS OF SERVIC	E.	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
DURABLE MED. EQUIP.         47         252         34,331.74         136.24         .006         730.46           BLOOD BANK         0         0         .00         .00         .00         .00         .00           HEARING AID DISPENSERS         5         10         4,372.38         437.24         .000         874.48           MEDICAL TRANSPORTATION         128         1,588         37,676.01         23.73         .036         294.34           AMBULANCES/AIR TRANS         126         1,549         21,740.55         14.04         .035         172.54           OTHER TRANS         1         8         43.10         5.39         .000         43.10           OTHER SERVICES         31         31         15,892.36         512.66         .001         512.66           ACUPUNCTURE         23         60         1,044.13         17.40         .001         45.40           ADULT DAY HEALTH CARE CTR         8         76         5,308.96         69.85         .002         663.62           GENETIC DISEASE TESTING         249         249         26,097.00         104.81         .006         104.81           HIMC, MODEL-HR, FN, FL, AIDS, MSSP         195         10,188         321.824.76<			OR DAYS OF CAR	E.		PER	UNIT/DAY				
DURABLE MED. EQUIP.         47         252         34,331.74         136.24         .006         730.46           BLOOD BANK         0         0         .00         .00         .00         .00         .00           HEARING AID DISPENSERS         5         10         4,372.38         437.24         .000         874.48           MEDICAL TRANSPORTATION         128         1,588         37,676.01         23.73         .036         294.34           AMBULANCES/AIR TRANS         126         1,549         21,740.55         14.04         .035         172.54           OTHER TRANS         1         8         43.10         5.39         .000         43.10           OTHER SERVICES         31         31         15,892.36         512.66         .001         512.66           ACUPUNCTURE         23         60         1,044.13         17.40         .001         45.40           ADULT DAY HEALTH CARE CTR         8         76         5,308.96         69.85         .002         663.62           GENETIC DISEASE TESTING         249         249         26,097.00         104.81         .006         104.81           HIMC, MODEL-HR, FN, FL, AIDS, MSSP         195         10,188         321.824.76<	@ALL OTHER PROVIDERS	4,947	105,440	\$	876,021.41	\$					\$
PROSTHETICS         23         118         21,897.71         185.57         .003         952.07           ORTHOTICS         0         0         .00         .00         .00         .00           PSYCHOLOGIST         0         0         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         35         149         5,654.13         37.95         .003         161.55           HOSPICE SERVICES         0         0         .00         .00         .00         .00	DURABLE MED. EQUIP.	47	252		34,331.74		136.24	.006		730.46	
PROSTHETICS         23         118         21,897.71         185.57         .003         952.07           ORTHOTICS         0         0         .00         .00         .00         .00           PSYCHOLOGIST         0         0         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         35         149         5,654.13         37.95         .003         161.55           HOSPICE SERVICES         0         0         .00         .00         .00         .00	BLOOD BANK	0	0		.00		.00	.000		.00	
PROSTHETICS         23         118         21,897.71         185.57         .003         952.07           ORTHOTICS         0         0         .00         .00         .00         .00           PSYCHOLOGIST         0         0         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         35         149         5,654.13         37.95         .003         161.55           HOSPICE SERVICES         0         0         .00         .00         .00         .00	HEARING AID DISPENSERS	5	10		4,372.38		437.24	.000		874.48	
PROSTHETICS         23         118         21,897.71         185.57         .003         952.07           ORTHOTICS         0         0         .00         .00         .00         .00           PSYCHOLOGIST         0         0         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         35         149         5,654.13         37.95         .003         161.55           HOSPICE SERVICES         0         0         .00         .00         .00         .00	MEDICAL TRANSPORTATION	128	1,588		37,676.01		23.73	.036		294.34	
PROSTHETICS         23         118         21,897.71         185.57         .003         952.07           ORTHOTICS         0         0         .00         .00         .00         .00           PSYCHOLOGIST         0         0         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         35         149         5,654.13         37.95         .003         161.55           HOSPICE SERVICES         0         0         .00         .00         .00         .00	AMBULANCES/AIR TRANS	126	1,549		21,740.55		14.04	.035		172.54	
PROSTHETICS         23         118         21,897.71         185.57         .003         952.07           ORTHOTICS         0         0         .00         .00         .00         .00           PSYCHOLOGIST         0         0         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         35         149         5,654.13         37.95         .003         161.55           HOSPICE SERVICES         0         0         .00         .00         .00         .00	OTHER TRANS	1	8		43.10		5.39	.000		43.10	
PROSTHETICS         23         118         21,897.71         185.57         .003         952.07           ORTHOTICS         0         0         .00         .00         .00         .00           PSYCHOLOGIST         0         0         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         35         149         5,654.13         37.95         .003         161.55           HOSPICE SERVICES         0         0         .00         .00         .00         .00	OTHER SERVICES	31	31		15,892.36		512.66	.001		512.66	
PROSTHETICS         23         118         21,897.71         185.57         .003         952.07           ORTHOTICS         0         0         .00         .00         .00         .00           PSYCHOLOGIST         0         0         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         35         149         5,654.13         37.95         .003         161.55           HOSPICE SERVICES         0         0         .00         .00         .00         .00	ACUPUNCTURE	23	60		1,044.13		17.40	.001		45.40	
PROSTHETICS         23         118         21,897.71         185.57         .003         952.07           ORTHOTICS         0         0         .00         .00         .00         .00           PSYCHOLOGIST         0         0         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         35         149         5,654.13         37.95         .003         161.55           HOSPICE SERVICES         0         0         .00         .00         .00         .00	ADULT DAY HEALTH CARE CTR	8	76		5,308.96		69.85	.002		663.62	
PROSTHETICS         23         118         21,897.71         185.57         .003         952.07           ORTHOTICS         0         0         .00         .00         .00         .00           PSYCHOLOGIST         0         0         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         35         149         5,654.13         37.95         .003         161.55           HOSPICE SERVICES         0         0         .00         .00         .00         .00	GENETIC DISEASE TESTING	249	249		26,097.00		104.81	.006		104.81	
PROSTHETICS         23         118         21,897.71         185.57         .003         952.07           ORTHOTICS         0         0         .00         .00         .00         .00           PSYCHOLOGIST         0         0         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         35         149         5,654.13         37.95         .003         161.55           HOSPICE SERVICES         0         0         .00         .00         .00         .00	IHMC, MODEL-NF, NF, AIDS, MSSP	195	10,188		321,824.76		31.59	.232		1650.38	
PROSTHETICS         23         118         21,897.71         185.57         .003         952.07           ORTHOTICS         0         0         .00         .00         .00         .00           PSYCHOLOGIST         0         0         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         35         149         5,654.13         37.95         .003         161.55           HOSPICE SERVICES         0         0         .00         .00         .00         .00	OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	
PROSTHETICS         23         118         21,897.71         185.57         .003         952.07           ORTHOTICS         0         0         .00         .00         .00         .00           PSYCHOLOGIST         0         0         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         35         149         5,654.13         37.95         .003         161.55           HOSPICE SERVICES         0         0         .00         .00         .00         .00	OPTICIAN	1,766	4,008		38,095.94		9.50	.091		21.57	
PROSTHETICS         23         118         21,897.71         185.57         .003         952.07           ORTHOTICS         0         0         .00         .00         .00         .00           PSYCHOLOGIST         0         0         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         35         149         5,654.13         37.95         .003         161.55           HOSPICE SERVICES         0         0         .00         .00         .00         .00	PHYSICAL THERAPIST	0	0		.00		.00	.000		.00	
PROSTHETICS         23         118         21,897.71         185.57         .003         952.07           ORTHOTICS         0         0         .00         .00         .00         .00           PSYCHOLOGIST         0         0         .00         .00         .00         .00           SPEECH AND AUDIOLOGY         35         149         5,654.13         37.95         .003         161.55           HOSPICE SERVICES         0         0         .00         .00         .00         .00	PORTABLE X-RAY	0	0		.00		.00	.000		.00	
SPEECH AND AUDIOLOGY       35       149       5,654.13       37.95       .003       161.55         HOSPICE SERVICES       0       0       .00       .00       .00       .00         NONLYNGE DEPUTING GENERAL STATES       0       0       .00       .00       .00       .00	PROSTHETIST/ORTHOTISTS	23	118		21,897.71		185.57	.003		952.07	
SPEECH AND AUDIOLOGY       35       149       5,654.13       37.95       .003       161.55         HOSPICE SERVICES       0       0       .00       .00       .00       .00         NONLYNGE DEPUTING GENERAL STATES       0       0       .00       .00       .00       .00	PROSTHETICS	23	118		21,897.71		185.57	.003		952.07	
SPEECH AND AUDIOLOGY       35       149       5,654.13       37.95       .003       161.55         HOSPICE SERVICES       0       0       .00       .00       .00       .00         NONLYNGE DEPUTING GENERAL STATES       0       0       .00       .00       .00       .00	ORTHOTICS	0	0		0.0		0.0	000		.00	
SPEECH AND AUDIOLOGY       35       149       5,654.13       37.95       .003       161.55         HOSPICE SERVICES       0       0       .00       .00       .00       .00         NONLYNGE DEPUTING GENERAL STATES       0       0       .00       .00       .00       .00	PSYCHOLOGIST	0	0		.00		.00	.000		.00	
HOSPICE SERVICES       0       0       .00       .00       .00       .00         NONINST BIRTHING CENTERS       0       0       .00       .00       .00       .00         LOCAL EDUCATION AGENCIES       2,321       34,976       231,974.66       6.63       .797       99.95         EPSDT SUPPLEMENTAL SERVICE       23       4,314       115,087.34       26.68       .098       5003.80         RESPIRATORY CARE PRACT.       0       0       .00       .00       .00       .00         PED SUBACUTE REHAB/WEANING       0       0       .00       .00       .00       .00	SPEECH AND AUDIOLOGY	35	149		5,654.13		37.95	.003		161.55	
NONINST BIRTHING CENTERS       0       0       .00       .00       .00       .00         LOCAL EDUCATION AGENCIES       2,321       34,976       231,974.66       6.63       .797       99.95         EPSDT SUPPLEMENTAL SERVICE       23       4,314       115,087.34       26.68       .098       5003.80         RESPIRATORY CARE PRACT.       0       0       .00       .00       .00       .00         PED SUBACUTE REHAB/WEANING       0       0       .00       .00       .00       .00	HOSPICE SERVICES	0	0		.00		.00	.000		.00	
LOCAL EDUCATION AGENCIES       2,321       34,976       231,974.66       6.63       .797       99.95         EPSDT SUPPLEMENTAL SERVICE       23       4,314       115,087.34       26.68       .098       5003.80         RESPIRATORY CARE PRACT.       0       0       .00       .00       .00       .00         PED SUBACUTE REHAB/WEANING       0       0       .00       .00       .00       .00	NONINST BIRTHING CENTERS	0	0		0.0		^ ^	.000		.00	
EPSDT SUPPLEMENTAL SERVICE       23       4,314       115,087.34       26.68       .098       5003.80         RESPIRATORY CARE PRACT.       0       0       .00       .00       .00       .00       .00         PED SUBACUTE REHAB/WEANING       0       0       .00       .00       .00       .00       .00	LOCAL EDUCATION AGENCIES	2,321	34,976		231,974.66		6.63	.797		99.95	
RESPIRATORY CARE PRACT.         0         0         .00         .00         .00         .00           PED SUBACUTE REHAB/WEANING         0         0         .00         .00         .00         .00	EPSDT SUPPLEMENTAL SERVICE	23	4,314		115,087.34		26.68	.098		5003.80	
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00	RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00	
	PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	
ALL OTHER PROVIDERS 192 49,452 32,656.65 .66 1.127 170.09	ALL OTHER PROVIDERS	192	49,452		32,656.65		.66				
@CALIF. CHILDREN SERVICES* 2,344 77,338 \$ 3,712,604.39 \$ 48.00 1.762 \$ 1583.88 \$	@CALIF. CHILDREN SERVICES*	2,344	77,338	\$	3,712,604.39	\$	48.00				\$

^{.00 .00} 49,452 32,656.65 .66 77,338 \$ 3,712,604.39 \$ 48.00 6,841 \$ 33.198 91 @* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

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@XOVER EXCLUDING STATE HOSP**

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

.156 \$ 102.78

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

							M(	ON,T	HLY AVERA	.GE -	
7,149 ELIGIBLES	USERS	UNITS OF SERVIC	Ε	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER	C	
		OR DAYS OF CAR	Ε		PER	UNIT/DAY	PER ELIG		USER	E	
@TOTAL, ALL PROVIDERS	4,946	35,544	\$	1,738,864.39	\$	48.92	4.972	\$	351.57	\$	
@PHYSICIANS SERVICES	897	2,483	\$	144,726.09	\$	58.29	.347	\$	161.34	\$	
OUTPATIENT VISITS	634	768		31,910.88		41.55	.107		50.33		
OFFICE VISITS	428	513		18,793.08		36.63	.072		43.91		
HOME VISITS	0	0		.00		.00	.000		.00		

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EMEDCENCY DOOM	100	202		10,671.21		52.57	.028		56.46	
EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION	103	203				34.69			34.69	
OD VICITO/COMPDE DEDI	2	2 13 37 533		633.32		48.72			211.11	
OD VISIIS/COMPRE PERI	3.0	13		1,743.89		40.74	.002		58.13	
OIRER OUIPALLENI	30	57		1,743.89		47.13	.005		593.93	
INPATIENT VISITS	93	533		55,235.65		103.63	.075			
HOSPITAL VISITS	80	298		16,245.87		54.52			203.07	
CRITICAL CARE	25	235		38,989.78		165.91			1559.59	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	8	9		390.36		43.37	.001		48.80	
EXAMINATIONS	8	9		390.36		43.3/	.001		48.80	
SERVICES AND MATERIALS	0	0		.00		.00			.00	
INPATIENT HOSPITAL SURGERY	28	228		14,640.20		64.21			522.86	
PRINCIPAL SURGEON	22	64		9,660.76		150.95			439.13	
ASSISTANT SURGEON	1	1		194.52		194.52			194.52	
ANESTHESIOLOGIST	13	163		4,784.92		29.36	.023		368.07	
OUTPATIENT SURGERY	31	83		5,116.38		61.64	.012		165.04	
PRINCIPAL SURGEON	26	34		3,627.93		106.70	.005		139.54	
ASSISTANT SURGEON	0	0		.00			.000		.00	
ANESTHESIOLOGIST	6	49		1,488.45			.007		248.08	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	26	57		1,144.22						
RADIOLOGY	183	370		8,173.15		22.09			44.66	
PSYCHIATRY	0	370 0 16 419		.00		.00			.00	
TMMINIZATION AND INTECTION	10	16		271.10			002		27.11	
OTHER SERVICES / ALL Y - OVERS	148	419		27,844.15		66.45			188.14	
@DHARMACV	1 060	7 620	Ċ	171,238.29	\$	22.47	1.066	Ċ	161.55	¢
DDECCDIDTION DDIICC	1,000	1,020	Y	162,124.43	۲	83.14	.273	Υ	156.79	Y
CME/ICE	1,034	1,550		19.57		19.57			19.57	
OTTED VET EVIES	1 022	1 040		162,104.86		83.17			156.93	
MEDICAL CUDDITEC	1,033	1,949								
MEDICAL SUPPLIES	6 /	5,670	d	9,113.86		1.61		<u>ب</u>	136.03	d
@DENTIST	520	2,869	Ş	85,634.00		29.85	.401	Ş		\$
VISITS - DIAGNOSTIC	427	1,897		29,734.05 18,655.75		15.67	.265		69.63	
ORAL SURGERY	71	211		18,655.75		00.42	.050		262.76	
DRUGS	29	39 29 2		801.25		20.54			27.63	
ANESTHESIA	25	29		2,275.00 167.00		78.45			91.00	
PERIODONTICS	2	2		167.00		83.50	.000		83.50	
ENDODONTICS	26	50		4,761.00		95.22 45.11	.007		183.12	
RESTORATIVE DENTISTRY	165	574		25,894.95					156.94	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
SPACE MAINTAINERS	4	5		600.00		120.00	.001		150.00	
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.000		50.00	
RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS @PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS ENDODONTICS RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS	1	574 0 0 5 1		700.00		700.00	.000		700.00	
ORTHODONTIC SERVICES	16	23		1,920.00		83.48			120.00	
RESTORATIVE DENTISTRY PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES ALL OTHER SERVICES	19	37		75.00		2.03	.005		3.95	
#CALIF DEPT OF HEALTH SERV			RES M		EPOR			DEC		PΑ
,,						01. 0111.	= = = = = = = = = = = = = = = = = = = =			

----- MONTHLY AVERAGE -7,149 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @OPTOMETRIST 62 179 3,595.93 20.09 .025 \$ 58.00 \$ DIAGNOSTIC AND ANC. PROCED 52 1,720.65 33.09 .007 38.24 45 .018 41.14 EYE APPLIANCES 45 126 1,851.28 14.69 OTHER OPTOMETRIC SERVICES 1 1 24.00 24.00 .000 24.00

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

FEE-FOR-SERVICE/DENTAL

MOP024

SANTA CRUZ COUNTY

@CHIROPRACTOR 0 0 \$ .00 \$ .00	.000	\$ .00 \$
VISITS 0 0 .00 .00	.000	.00
OTHER SERVICES 0 0 .00 .00	.000	.00
@PODIATRIST 0 0 \$ .00 \$ .00	.000	\$ .00 \$
MEDICINE/INJECTIONS 0 0 .00 .00	.000	.00
SURGERY/ANES. 0 0 .00 .00	.000	.00
RADIO./PATHOLOGY 0 0 .00 .00	.000	.00
OTHER 0 0 .00 .00	.000	.00
@HOME HEALTH AGENCY 25 585 \$ 19,525.99 \$ 33.38	.082	\$ 781.04 \$
NURSE ANESTHESIST 1 70 \$ 73.94 \$ 1.06	.010	\$ 73.94 \$
NURSE MIDWIFE 0 0 \$ .00 \$ .00	.000	\$ .00 \$
PEDIATRIC NURSE PRACTITIONER 0 0 \$ .00 \$ .00	.000	\$ .00 \$
FAMILY NURSE PRACTITIONER 0 0 \$ .00 \$ .00	.000	\$ .00 \$
@TOTAL HOSPITAL 540 2,134 \$ 743,010.40 \$ 348.18	.299	\$ 1375.95 \$
HOSP INPATIENT TOTAL 45 341 675,346.22 1980.49	.048	15007.69
HSC HOSPITALS 28 272 502,897.00 1848.89	.038	17960.61
NON-HSC HOSPITAL TOTAL 17 69 172,449.22 2499.26	.010	10144.07
ACCOMMODATIONS 17 69 57,184.54 828.76	.010	3363.80
ADMINISTRATIVE DAYS 0 .00 .00	.000	.00
TRANSITIONAL IP CARE 0 0 .00 .00	.000	.00
ALL OTHER ACCOM 17 69 57,184.54 828.76	.010	3363.80
ANCILLARIES 17 0 115,264.68 .00	.000	6780.28
INPATIENT CROSSOVERS 0 0 .00 .00	.000	.00
ALL OTHER INPATIENT 0 0 .00 .00	.000	.00
HOSP OUTPATIENT TOTAL 504 1,793 67,664.18 37.74	.251	134.25
MEDICAL 117 203 18,361.12 90.45	.028	156.93
SURGERY 33 32 978.19 30.57	.004	29.64
PATHOLOGY 165 617 5,808.38 9.41	.086	35.20
RADIOLOGY 139 165 10,107.06 61.25	.023	72.71
ROOM USE 257 298 11,466.13 38.48	.042	44.62
CROSSOVERS/ALL OTH OUTPTNT 142 478 20,943.30 43.81	.067	147.49
@COUNTY HOSPITAL TOTAL 11 19 \$ 1,911.76 \$ 100.62	.003	\$ 173.80 \$
CO HOSPITAL INPATIENT TOTAL 1 1 1,352.00 1352.00	.000	1352.00
HSC HOSPITALS 1 1 1,352.00 1352.00	.000	1352.00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00	.000	.00
ACCOMMODATIONS 0 0 .00 .00		

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	10	18	559.76	31.10	.003	55.98	
MEDICAL	4	4	266.75	66.69	.001	66.69	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	4	7	54.37	7.77	.001	13.59	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	4	4	139.18	34.80	.001	34.80	
CROSSOVERS/ALL OTH OUTPTNT	2	3	99.46	33.15	.000	49.73	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2005 THRU	DEC 2005	PA

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY

SUMMARY OF SERVICES FOR MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 8E 8W

SANIA CRUZ COUNII	SUMMARI OF SER	VICES FOR MIC -	110 200	2 03 04 2A 45 4A 4	1 AC MP At			niii 37 - 3 3 7 11 11 7	ΛОП
7 140 01 1010100	Hanna	INTEG OF CERTIF	NT		717D7CD C			THLY AVERA	
7,149 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		OST UNITS/DAY		COST PER	C
@COMMUNITY HOSPITAL TOTAL	529	OR DAYS OF CAR	(E	741,098.64		DAY PER ELIG		USER 1400.94	E S
		2,115	Þ	•	•				Þ
COMM HOSP INPATIENT TOTAL	44	340		673,994.22	1982.3			15318.05	
HSC HOSPITALS	27	271		501,545.00	1850.7			18575.74	
NON-HSC HOSPITALS TOTAL	17	69		172,449.22	2499.20			10144.07	
ACCOMMODATIONS	17	69		57,184.54	828.7			3363.80	
ADMINISTRATIVE DAYS	0	0		.00	.00			.00	
TRANSITIONAL IP CARE	0	0		.00	.00			.00	
ALL OTHER ACCOM	17	69		57,184.54				3363.80	
ANCILLARIES	17	0		115,264.68	.00			6780.28	
INPATIENT CROSSOVERS	0	0		.00	.00			.00	
ALL OTHER INPATIENT	0	0		.00	.00			.00	
COMM HOSP OUTPATIENT TOTAL	494	1,775		67,104.42	37.83			135.84	
MEDICAL	113	199		18,094.37	90.93			160.13	
SURGERY	33	32		978.19	30.5	7 .004		29.64	
PATHOLOGY	161	610		5,754.01	9.43			35.74	
RADIOLOGY	139	165		10,107.06	61.2	.023		72.71	
ROOM USE	253	294		11,326.95	38.53	.041		44.77	
CROSSOVERS/ALL OTH OUTPTNT	140	475		20,843.84	43.8	.066		148.88	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00	.00	.000		.00	
DEVELOP. DISABLED	0	0		.00	.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00	
LEV B-REHAB MD	0	0		.00	.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00			.00	
LEV B-SUBACUTE HSPTL BASED	0 0 0	0		.00	.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00	
LEV B-REGULAR	0	0		.00	.00			.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00		\$	.00	\$
ICF DDH	0	0	7	.00	.00		т.	.00	т
ICF DD	0	0		.00	.00			.00	
ICF DDN/DDCN	0	0		.00	.00			.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00		\$	.00	\$
HOSPITAL BASED	0	0	т	.00	.00		Τ	.00	т
HEMODIALYSIS CENTER	0	0		.00	.00			.00	
@REHABILITATION FACILITY	39	379	\$	5,443.06	\$ 14.30		\$	139.57	\$
	3,7	313	Υ	3,113.00	T -1.5		~	100.07	4

HOSPITAL BASED	11	44		1,050.99		23.89	.006		95.54		
INDEPENDENT FACILITY	28	335		4,392.07		13.11	.047		156.86		
@LABORATORY FACILITY	265	512	\$	5,536.15	\$	10.81	.072	\$	20.89	\$	
PATHOLOGY	265	512		5,536.15		10.81	.072		20.89		
XO AND OTHERS	0	0		.00		.00	.000		.00		
@ORGANIZED OUTPATIENT CLINIC	2,258	3,321	\$	511,524.10	\$	154.03	.465	\$	226.54	\$	
CLINIC	152	215		7,216.25		33.56	.030		47.48		
SURGICENTER	0	0		.00		.00	.000		.00		
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		
RURAL HEALTH CLINIC	2,120	3,106		504,307.85		162.37	.434		237.88		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	JRES M	IONTH-OF-PAYMENT RI	EPORT	FOR JAN	2005 THRU	DEC	2005	PA	
MOP024	FEE-FOR-SERVICE/	DENTAL									
SANTA CRUZ COUNTY	SUMMARY OF SERVI	ICES FOR MIC -	NO SO	C 03 04 2A 45 4A 4	4K 4M	5K 7T 82	8E 8W				
							N	TNON	HLY AVERA	GE -	
7,149 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	ZS.	COST PER	C	
		OR DAYS OF CAR	RΕ		PER	UNIT/DAY	PER ELIC	5	USER	E	
@ALL OTHER PROVIDERS	350	15,392	\$	48,556.44	\$	3.15	2.153	\$	138.73	\$	
DURABLE MED. EQUIP.	19	77		10,977.86		142.57	.011		577.78		
BIOOD BANK	<u> </u>	0		0.0		0.0	000		0.0		

7,149 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	350	15,392	\$	48,556.44	\$ 3.15	2.153 \$	138.73	\$
DURABLE MED. EQUIP.	19	77		10,977.86	142.57	.011	577.78	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	27	762		19,887.20	26.10	.107	736.56	
AMBULANCES/AIR TRANS	26	749		9,543.04	12.74	.105	367.04	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	12	13		10,344.16	795.70	.002	862.01	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	14	14		1,470.00	105.00	.002	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	106	233		1,923.14	8.25	.033	18.14	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	2	2		66.28	33.14	.000	33.14	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	178	1,858		12,234.36	6.58	.260	68.73	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	13	12,446		1,997.60	.16	1.741	153.66	
@CALIF. CHILDREN SERVICES*	349	9,126	\$	801,605.07	\$ 87.84	1.277 \$	2296.86	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000 \$	.00	\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MIC - SOC AID CODE 83

----- MONTHLY AVERAGE 04 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER F

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

					4.			4.		4
@TOTAL, ALL PROVIDERS	43	559	\$	79,440.55	\$	142.11	139.750	\$	1847.45	\$ 1
@PHYSICIANS SERVICES	13	40	\$	2,808.31	\$	70.21	10.000	\$	216.02	\$
OUTPATIENT VISITS	5	5		387.23		77.45	1.250		77.45	
OFFICE VISITS	1	1		25.29		25.29	.250		25.29	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	2	2		246.47		123.24	.500		123.24	
PREVENTIVE CARE	0	2		.00		.00	.000		.00	
		0								
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	
OTHER OUTPATIENT	2	2		115.47		57.74	.500		57.74	
INPATIENT VISITS	2	10		713.71		71.37	2.500		356.86	
HOSPITAL VISITS	2	10		713.71		71.37	2.500		356.86	
CRITICAL CARE	0	0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	7								
	2	1		856.96		122.42	1.750		428.48	
PRINCIPAL SURGEON	1			615.84		615.84	.250		615.84	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	1	6		241.12		40.19	1.500		241.12	
OUTPATIENT SURGERY	1	4		166.76		41.69	1.000		166.76	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	1	4		166.76		41.69	1.000		166.76	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	4	۵		557.64		61.96	2.250		139.41	
	4	<i>J</i>		68.71		17.18			17.18	
RADIOLOGY	0	0					1.000			
PSYCHIATRY				.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	1	1		57.30		57.30	.250		57.30	
@PHARMACY	10	297	\$	20,977.91	\$	70.63	74.250	\$		\$
PRESCRIPTION DRUGS	10	92		15,014.64		163.20	23.000		1501.46	
SNF/ICF	0	0		.00		.00	.000		.00	
OUTPATIENTS	10	92		15,014.64		163.20	23.000		1501.46	
MEDICAL SUPPLIES	6	205		5,963.27		29.09	51.250		993.88	
@DENTIST	5	24	\$	455.00	\$	18.96	6.000	Ś	91.00	\$
VISITS - DIAGNOSTIC	3	12	۲	100.00	٧	8.33	3.000	۲	33.33	۲
ORAL SURGERY	1	4		255.00		63.75	1.000		255.00	
	0	0								
DRUGS				.00		.00	.000		.00	
ANESTHESIA	1	1		100.00		100.00	.250		100.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	2	7		.00		.00	1.750		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
•	0	0								
ORTHODONTIC SERVICES	0	U		.00		.00	.000		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000	D= ~	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		KES MO	NTH-OF-PAYMENT RE	POKI	FOR JAN	∠UU5 THRÜ	DEC	2005	PA:
MOP024	FEE-FOR-SERVICE/DEN									
SANTA CRUZ COUNTY	SUMMARY OF SERVICES	FOR MIC - S	SOC			AID CODE				
							M			
ON FITCIBLES	TICEDC TIMIT	TO OF SERVICE	7	PADEMULLIDEG	7/1/12	TRACE COST	עמל/סתודותני	C		(

	OR	DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	Ġ	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	т	.00	т	.00	.000	т	.00	т
EYE APPLIANCES	0	0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0	Y	.00	Ų	.00	.000	۲	.00	۲
OTHER SERVICES	0	0								
	0	0	4	.00	<b>~</b>	.00	.000	۸.	.00	4
@PODIATRIST	0		\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	2	7	\$	479.29	\$	68.47	1.750	\$	239.65	Ş
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	15	158	\$	53,810.79	\$	340.57	39.500	\$	3587.39	\$ 1
HOSP INPATIENT TOTAL	3	6		5,739.00		956.50	1.500		1913.00	
HSC HOSPITALS	3	6		5,739.00		956.50	1.500		1913.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	12	152		48,071.79		316.26	38.000		4005.98	1
MEDICAL	4	7		194.92		27.85	1.750		48.73	_
SURGERY	1	1		.00		.00	.250		.00	
	8	127					31.750		112.23	
PATHOLOGY				897.85		7.07				
RADIOLOGY	1	2		.00		.00	.500		.00	
ROOM USE	3 5	3		100.76		33.59	.750		33.59	-
CROSSOVERS/ALL OTH OUTPTNT	5	12	4	46,878.26		3906.52	3.000		9375.65	1
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
•	EDI-CAL SERVICES A	ND EXPENDITUR	ES M	MONTH-OF-PAYMENT RE	POR'I			DEC		PA:

FEE-FOR-SERVICE/DENTAL

MOP024 SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MIC - SOC

AID CODE 83

SANIA CROZ COUNTI	DOMINAKT OF DERV	TCES FOR MIC -	500		AID CODE	0.5			
						M	TNO	HLY AVERA	GE -
04 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	ERAGE COST			COST PER	C
		OR DAYS OF CAR	E		R UNIT/DAY			USER	E
@COMMUNITY HOSPITAL TOTAL	15	158	\$	53,810.79	\$ 340.57	39.500	\$	3587.39	\$ 1
COMM HOSP INPATIENT TOTAL	3	6		5,739.00	956.50	1.500		1913.00	
HSC HOSPITALS	3	6		5,739.00	956.50	1.500		1913.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000		.00	
ACCOMMODATIONS	0	0		.00	.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00	
ALL OTHER ACCOM	0	0		.00	.00	.000		.00	
ANCILLARIES	0	0		.00	.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	12	152		48,071.79	316.26	38.000		4005.98	1
MEDICAL	4	7		194.92	27.85	1.750		48.73	
SURGERY	1	1		.00	.00	.250		.00	
PATHOLOGY	8	127		897.85	7.07	31.750		112.23	
RADIOLOGY	1	2		.00	.00	.500		.00	
ROOM USE	3	3		100.76	33.59	.750		33.59	
CROSSOVERS/ALL OTH OUTPTNT	5	12		46,878.26	3906.52	3.000		9375.65	1
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00	.00	.000		.00	
DEVELOP. DISABLED	0	0		.00	.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00	
LEV B-REHAB MD	0	0		.00	.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00	
LEV B-REGULAR	0	0		.00	.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$	.00	\$
ICF DDH	0	0		.00	.00	.000		.00	
ICF DD	0	0		.00	.00	.000		.00	

ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	2	19 \$	213.19	\$	11.22	4.750	\$	106.60	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	2	19	213.19		11.22	4.750		106.60	
@LABORATORY FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0	.00		.00	.000		.00	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	3	3 \$	487.76	\$	162.59	.750	\$	162.59	\$
CLINIC	0	0	.00		.00	.000		.00	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	3	3	487.76		162.59	.750		162.59	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2005 THRU	DEC	2005	PA

#CALIF DEPT OF HEALTH SERV MOP024

SANTA CRUZ COUNTY

SUMMARY OF SERVICES FOR MIC - SOC

FEE-FOR-SERVICE/DENTAL

AID CODE 83

----- MONTHLY AVERAGE -

							1-1	IIDI AVUKA	CLI	
04 ELIGIBLES		ITS OF SERVICE		EXPENDITURES			UNITS/DAY	COST PER	C	
	0	R DAYS OF CARE	₹ .			UNIT/DAY		USER	. E	
@ALL OTHER PROVIDERS	2	11	\$	208.30	\$	18.94		\$	\$	
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		
BLOOD BANK	0	0		.00		.00	.000	.00		
HEARING AID DISPENSERS	0	0		.00		.00		.00		
MEDICAL TRANSPORTATION	1	2		117.04		58.52	.500	117.04		
AMBULANCES/AIR TRANS	1	2		117.04		58.52	.500	117.04		
OTHER TRANS	0	0		.00		.00	.000	.00		
OTHER SERVICES	0	0		.00		.00	.000	.00		
ACUPUNCTURE	0	0		.00		.00	.000	.00		
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		
OPTICIAN	0	0		.00		.00	.000	.00		
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		
PORTABLE X-RAY	0	0		.00		.00	.000	.00		
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		
PROSTHETICS	0	0		.00		.00	.000	.00		
ORTHOTICS	0	0		.00		.00	.000	.00		
PSYCHOLOGIST	0	0		.00		.00	.000	.00		
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		
HOSPICE SERVICES	0	0		.00		.00	.000	.00		
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		
LOCAL EDUCATION AGENCIES	1	9		91.26		10.14	2.250	91.26		
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		
@CALIF. CHILDREN SERVICES*	34	523	\$	78,406.53	\$	149.92	130.750	\$	\$ 1	
@XOVER EXCLUDING STATE HOSP**	0	0	; \$	.00	\$	.00	.000	\$ .00	\$	
@* TOTALS IN THESE LINES ARE GIV	EN AS A SEPARATE	TNFORMATION	TTEM ONLY	· •	•					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

							IvI			
7,153 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER	C
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E
@TOTAL, ALL PROVIDERS	4.989	36,103	\$	1,818,304.94	\$	50.36	5.047	Ġ	364.46	Ġ
@PHYSICIANS SERVICES	4,989 910		\$	147,534.40	Š	58.48	.353		162.13	
OURDARTENE VICIES	630	773	Υ			41.78	.108	۲	50.54	۲
OUTPAILENT VISITS	910 639 429			32,298.11 18,818.37						
OFFICE VISITS	429	514		•		36.61	.072		43.87	
HOME VISITS	0	0		.00		.00	.000		.00	
@PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM	191	205		10,917.68		53.26	.029		57.16	
PREVENTIVE CARE	2 3	2		69.38		34.69			34.69	
OB VISITS/COMPRE PERI	3	13		633.32		48.72	.002		211.11	
OTHER OUTPATIENT	32	39		1,859.36		47.68			58.11	
INPATIENT VISITS	95	543		55,949.36		103.04	.076		588.94	
HOSPITAL VISITS	82	308		16,959.58		55.06	.043		206.82	
CDIMICAL CADD	٥٦	235		38,989.78		165.91			1559.59	
SNF/ICF/TRANS IP CARE	0	0								
SNF/ICF/TRANS IP CARE	0			.00		.00	.000		.00	
OTITIAL OLOGICAL BERVICES	U	9		390.36		43.37	.001		48.80	
EXAMINATIONS	8	9		390.36		43.37	.001		48.80	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	30 23	235		15,497.16		65.95	.033		516.57	
PRINCIPAL SURGEON	23	65		10,276.60		158.10	.009		446.81	
ASSISTANT SURGEON	1	1		194.52		194.52	.000		194.52	
ANESTHESTOLOGIST	14	169		5,026.04		29.74			359.00	
OUTDATIENT CUDCEDY	2.7	87		5,283.14		60.73	.012		165.10	
DDINGIDAL GUDGERI	32					106.70				
PRINCIPAL SURGEON	26	34		3,627.93			.005		139.54	
ASSISTANT SURGEON	Ü	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	7	53		1,655.21		31.23	.007		236.46	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	30	66		1,701.86		25.79			56.73	
ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	187	374		8,241.86		22.04	.052		44.07	
PSYCHIATRY	0	0		.00		.00	.000		.00	
TMMINIZATION AND INTECTION	1.0	16		271.10		16.94	.002		27.11	
OTHER SERVICES/ALL X-OVERS	1/0	420		27,901.45		66.43	.059		187.26	
@PHARMACY	1 070		\$	192,216.20	ė.	24.28	1.107	ب.		ė.
WPHARMACI	1,070		P		Ą			Ą		Ą
PRESCRIPTION DRUGS	1,044	2,042		177,139.07		86.75	.285		169.67	
SNF/ICF	1	1		19.57		19.57	.000		19.57	
OUTPATIENTS	10 149 1,070 1,044 1 1,043 73 525	2,041		177,119.50		86.78	.285		169.82	
MEDICAL SUPPLIES	73 525	5,875		15,077.13		2.57	.821		206.54	
@DENTIST	525	2,893	\$	86,089.00	\$	29.76	.404	\$	163.98	\$
@DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS	430	1,909		29,834.05		15.63	.267		69.38	
ORAL SURGERY	72	215		18,910.75		87.96	.030		262.65	
DRUGS	29	39		801.25		20.54			27.63	
ANESTHESIA	26	30		2,375.00		79.17	.004		91.35	
DEDIODOMETOS	2	2								
				167.00		83.50	.000		83.50	
ENDODONTICS	26	50		4,761.00		95.22	.007		183.12	
RESTORATIVE DENTISTRY	167	581		25,894.95		44.57	.081		155.06	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
SPACE MAINTAINERS	4	5 1		600.00		120.00	.001		150.00	
MAXILLOFACIAL SERVICES	1	1		50.00		50.00	.000		50.00	
FRACTURES, DISLOCATIONS	1	1		700.00		700.00	.000		700.00	
ORTHODONTIC SERVICES	16	23		1,920.00		83.48	.003		120.00	
	19	23 37				2.03	.005		3.95	
ALL OTHER SERVICES	19	3 /		75.00		∠.∪3	.005		3.95	

----- MONTHLY AVERAGE -

----- MONTHLY AVERAGE -

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C 7,153 ELIGIBLES USERS E

PATHOLOGY	4	7	54.37	7.77	.001	13.59
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	4	4	139.18	34.80	.001	34.80
CROSSOVERS/ALL OTH OUTPTNT	2	3	99.46	33.15	.000	49.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DE	C 2005

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRIZ COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LY	INDIGENT - CHILDREN	- T(	DTAL			
							MON	ITHLY AVER	AGE -
7,153 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				COST PER	. С
		OR DAYS OF CARE			PER		PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	544	2,273	\$	794,909.43	\$	349.72	.318 \$		
COMM HOSP INPATIENT TOTAL	47	346		679,733.22		1964.55	.048	14462.41	
HSC HOSPITALS	30	277		507,284.00	-	1831.35	.039	16909.47	
NON-HSC HOSPITALS TOTAL	17	69		172,449.22	2	2499.26	.010	10144.07	
ACCOMMODATIONS	17	69		57,184.54		828.76	.010	3363.80	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
ALL OTHER ACCOM	17	69		57,184.54		828.76	.010	3363.80	
ANCILLARIES	17	0		115,264.68		.00	.000	6780.28	
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	506	1,927		115,176.21		59.77	.269	227.62	
MEDICAL	117	206		18,289.29		88.78	.029	156.32	
SURGERY	34	33		978.19		29.64	.005	28.77	
PATHOLOGY	169	737		6,651.86		9.03	.103	39.36	
RADIOLOGY	140	167		10,107.06		60.52	.023	72.19	
ROOM USE	256	297		11,427.71		38.48	.042	44.64	
CROSSOVERS/ALL OTH OUTPTNT		487		67,722.10		139.06	.068	467.05	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000 \$		
MENTALLY ILL	0	0	•	.00		.00	.000	.00	
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000 \$		
LEV A-INTERMEDIATE	0	0		.00	'	.00	.000	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	
LEV B-REGULAR	0	0		.00		.00	.000	.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000 \$		
ICF DDH	0	0		.00	'	.00	.000	.00	
ICF DD	0	0		.00		.00	.000	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000 \$	.00	\$
HOSPITAL BASED	0	0	•	.00	·	.00	.000	.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	
@REHABILITATION FACILITY	41	398	\$	5,656.25	\$	14.21	.056 \$		
HOSPITAL BASED	11	44	•	1,050.99	·	23.89	.006	95.54	
INDEPENDENT FACILITY	30	354		4,605.26		13.01	.049	153.51	
@LABORATORY FACILITY	265	512	\$	5,536.15	\$	10.81	.072 \$		
PATHOLOGY	265	512	•	5,536.15	·	10.81	.072	20.89	
XO AND OTHERS	0	0		.00		.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	2,261	3,324	\$	512,011.86	\$	154.03	.465 \$		
CLINIC	152	215	·	7,216.25	•	33.56	.030	47.48	
SURGICENTER	0	0		.00		.00	.000	.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	

RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY 2,123 3,109 504,795.61 162.37 .435 237.77 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - CHILDREN - TOTAL

DIMITITION COUNTY	BOINING OF BEIN	violo ion indbioni		INDICENT	CITTEDICE	 				
								THLY AVERA	GE -	
7,153 ELIGIBLES	USERS	UNITS OF SERVICE		EXPE	NDITURES		UNITS/DAY	COST PER	C	
		OR DAYS OF CARE	]			UNIT/DAY		USER	E	
@ALL OTHER PROVIDERS	352	15,403	\$	4	8,764.74	\$ 3.17	2.153	\$ 138.54	\$	
DURABLE MED. EQUIP.	19	77		1	0,977.86	142.57	.011	577.78		
BLOOD BANK	0	0			.00	.00	.000	.00		
HEARING AID DISPENSERS	0	0			.00	.00		.00		
MEDICAL TRANSPORTATION	28	764		2	0,004.24	26.18	.107	714.44		
AMBULANCES/AIR TRANS	27	751			9,660.08	12.86	.105	357.78		
OTHER TRANS	0	0			.00	.00	.000	.00		
OTHER SERVICES	12	13		1	0,344.16	795.70	.002	862.01		
ACUPUNCTURE	0	0			.00	.00	.000	.00		
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000	.00		
GENETIC DISEASE TESTING	14	14			1,470.00	105.00	.002	105.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	.00	.000	.00		
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000	.00		
OPTICIAN	106	233			1,923.14	8.25	.033	18.14		
PHYSICAL THERAPIST	0	0			.00	.00	.000	.00		
PORTABLE X-RAY	0	0			.00	.00	.000	.00		
PROSTHETIST/ORTHOTISTS	0	0			.00	.00	.000	.00		
PROSTHETICS	0	0			.00	.00	.000	.00		
ORTHOTICS	0	0			.00	.00	.000	.00		
PSYCHOLOGIST	0	0			.00	.00	.000	.00		
SPEECH AND AUDIOLOGY	2	2			66.28	33.14	.000	33.14		
HOSPICE SERVICES	0	0			.00	.00	.000	.00		
NONINST BIRTHING CENTERS	0	0			.00	.00	.000	.00		
LOCAL EDUCATION AGENCIES	179	1,867		1	2,325.62	6.60	.261	68.86		
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000	.00		
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000	.00		
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000	.00		
ALL OTHER PROVIDERS	13	12,446			1,997.60	.16	1.740	153.66		
@CALIF. CHILDREN SERVICES*	383	9,649	\$	88	0,011.60	\$ 91.20	1.349	\$ 2297.68	\$	

@XOVER EXCLUDING STATE HOSP** 0 \$ .00 \$ .00 \$ .00 \$

PA

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

5121211 61162 6661121		111020 1011 11211 110 200	1110 11110 121101	1112 0022	MONT	HLY AVERAGE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER C
		OR DAYS OF CARE		PER UNIT/DAY		USER E
@TOTAL, ALL PROVIDERS	3	3 \$	631.94	\$ 210.65	.000 \$	210.65 \$
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00 \$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00 \$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00
SNF/ICF	0	0	.00	.00	.000	.00
OUTPATIENTS	0	0	.00	.00	.000	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00 \$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00
ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00

SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2005 THRU DEC	C 2005

MOPO24 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR MI.	A - N	O SOC -	AID PAID PENDI	NG	AID CODE	81			
								M			GE -
00 ELIGIBLES	USERS	UNITS OF SE	RVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF	CARE			PER	UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00	
EYE APPLIANCES	0		0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00	
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0		0		.00		.00	.000		.00	
OTHER SERVICES	0		0		.00		.00	.000		.00	
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0		0	·	.00	·	.00	.000		.00	·
SURGERY/ANES.	0		0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00	
OTHER	0		0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0			Ś	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0		0	Ė	.00	\$	.00	.000		.00	\$
NURSE MIDWIFE	0		0	Ė	.00	\$	.00	.000		.00	Ė
PEDIATRIC NURSE PRACTITIONER	0		0 0 0 0	Ė	.00	\$	.00	.000		.00	Ė
FAMILY NURSE PRACTITIONER	0		0	Ė	.00	Ė	.00	.000		.00	Ė
@TOTAL HOSPITAL	0		0	Ė	.00	Ė	.00	.000		.00	Ė
HOSP INPATIENT TOTAL	0		0	·	.00	·	.00	.000		.00	·
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
ANCILLARIES	0		0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00	
MEDICAL	0		0		.00		.00	.000		.00	
SURGERY	0		0		.00		.00	.000		.00	
PATHOLOGY	0		0		.00		.00	.000		.00	
RADIOLOGY	0		0		.00		.00	.000		.00	
ROOM USE	0		0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00	
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
ANCILLARIES	0		0		.00		.00	.000		.00	

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - AID PAID PENDING AID CODE 81

SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR MIA - NO S	SOC - AID PAID PENDI	ING AID C	ODE 81		<b>a</b> =
0.0 FL TGTDI FG	11077					NTHLY AVERA	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		OST UNITS/DAYS		C
a COMMUNITARY HOCD THAT HOME		OR DAYS OF CARE	0.0		DAY PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .0			\$
COMM HOSP INPATIENT TOTAL	0	0	.00	. 0		.00	
HSC HOSPITALS	0	0	.00	. 0		.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	. 0		.00	
ACCOMMODATIONS	0	0	.00	.0		.00	
ADMINISTRATIVE DAYS	0	0	.00	.0		.00	
TRANSITIONAL IP CARE	0	0	.00	.0		.00	
ALL OTHER ACCOM	0	0	.00	.0		.00	
ANCILLARIES	0	0	.00	.0		.00	
INPATIENT CROSSOVERS	0	0	.00	.0		.00	
ALL OTHER INPATIENT	0	0	.00	.0		.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.0		.00	
MEDICAL	0		.00	.0	0 .000	.00	
SURGERY	0	0	.00	.0	0 .000	.00	
PATHOLOGY	0	0	.00	.0	0 .000	.00	
RADIOLOGY	0	0	.00	.0	0 .000	.00	
ROOM USE	0	0	.00	.0	0 .000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.0	0 .000	.00	
@STATE HOSPITAL	0	0 \$	.00	\$ .0	0 .000	\$ .00	\$
MENTALLY ILL	0	0	.00	.0	0 .000	.00	
DEVELOP. DISABLED	0	0	.00	.0	0 .000	.00	
@NURSING FACILITY	0	0 \$	.00	\$ .0	0 .000	\$ .00	\$
LEV A-INTERMEDIATE	0	0	.00	.0	0 .000	.00	
LEV B-REHAB MD	0	0	.00	.0	0 .000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.0	0 .000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.0	0 .000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.0	0 .000	.00	
LEV B-REGULAR	0	0	.00	.0	0 .000	.00	
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .0	0 .000		\$
ICF DDH	0	0	.00	.0		.00	·
ICF DD	0	0	.00	.0	0 .000	.00	
ICF DDN/DDCN	0	0	.00	. 0		.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .0		\$ .00	\$
HOSPITAL BASED	0	0	.00	.0		.00	'
HEMODIALYSIS CENTER	0	0	.00	. 0		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$ .0		\$ .00	\$
HOSPITAL BASED	0	0	.00	.0		.00	'
INDEPENDENT FACILITY	0	0	.00	.0		.00	
@LABORATORY FACILITY	0	0 \$	.00	\$ .0		\$ .00	\$
PATHOLOGY	0	0	.00	.0		.00	т
	-	-					

XO AND OTHERS  @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE				5 .000 \$ 0 .000 0 .000 0 .000 5 .000 AN 2005 THRU DE	.00 .00 .00 210.65
SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR MIA - NO SO	C - AID PAID PENDI	ING AID CO		
00 81 1618186	HOEDO	INITES OF SERVICE		317DD3CD CC		NTHLY AVERAGE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		OST UNITS/DAYS	
ANTI OTHER PROVIDERS	0	OR DAYS OF CARE	0.0			USER E
@ALL OTHER PROVIDERS DURABLE MED. EQUIP.	0	0 \$ 0	.00	\$ .00		\$ .00 \$ .00
BLOOD BANK	0	0	.00	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00		.00
	0	0				
MEDICAL TRANSPORTATION	0	0	.00	.00		.00
AMBULANCES/AIR TRANS	0	0	.00	.00		.00
OTHER TRANS	0	0		.00		.00
OTHER SERVICES	0		.00	.00		.00
ACUPUNCTURE	0	0	.00	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00		.00
OPTICIAN	0	0	.00	.00		.00
PHYSICAL THERAPIST	0	0	.00	.00		.00
PORTABLE X-RAY	0	0	.00	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00		.00
PROSTHETICS	0	0	.00	.00		.00
ORTHOTICS	0	0	.00	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	\$ .00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	\$ .00 \$
<pre>@* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN</pre>			•			
** THESE DATA ARE INCLUDED I						
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JA	AN 2005 THRU DI	EC 2005 PA
MOP024	FEE-FOR-SERVICE					
SANTA CRUZ COUNTY		ICES FOR MIA - NO SO	C - PREGNANT	ATD CO	DDE 86	
						NTHLY AVERAGE -
04 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES		DST UNITS/DAYS DAY PER ELIG	
@TOTAL, ALL PROVIDERS	101	220 \$	85,870.37	\$ 390.32		
@PHYSICIANS SERVICES	3	21 \$	2,398.41	\$ 114.21		
OUTPATIENT VISITS	1	2	186.79	93.40		186.79
OFFICE VISITS	0	0	.00	.00		.00
OLLICH AIDIID	O	U	.00	.00	, .000	.00

HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	1	2	186.79	93.40	.500	186.79	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	1	14	1,721.49	122.96	3.500	1721.49	
HOSPITAL VISITS	1	8	551.93	68.99	2.000	551.93	
CRITICAL CARE	1	6	1,169.56	194.93	1.500	1169.56	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	1	2	247.43	123.72	.500	247.43	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	2	3	242.70	80.90	.750	121.35	
@PHARMACY	2	2	\$ 171.73	\$ 85.87	.500	\$ 85.87	\$
PRESCRIPTION DRUGS	2	2	171.73	85.87	.500	85.87	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	2	2	171.73	85.87	.500	85.87	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	13	37	\$ 1,408.00	\$ 38.05	9.250	\$ 108.31	\$
VISITS - DIAGNOSTIC	12	22	496.00	22.55	5.500	41.33	
ORAL SURGERY	4	5	385.00	77.00	1.250	96.25	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	2	2	200.00	100.00	.500	100.00	

PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	1	1	39.00	39.00	.250	39.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	1.750	288.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPOR	I FOR JAN	2005 THRU DE	C 2005
MOP024	FEE-FOR-SERVICE/DENTA	ΔL				

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT AID CODE 86

SANTA CRUZ COUNTY	SUMMARY OF SERVI	CES FOR MIA - N	U SUC	- PREGNANT		AID CODE				
							Mo		HLY AVERA	GE -
04 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00	
EYE APPLIANCES	0	0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0	·	.00	·	.00	.000	·	.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0	·	.00	•	.00	.000	·	.00	·
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0		.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ \$ \$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	S	.00	Ė	.00	.000	Ė	.00	S
@TOTAL HOSPITAL	13	25	S	65,254.42	Ė	2610.18	6.250	Ė	5019.57	\$ 1
HOSP INPATIENT TOTAL	5	6	'	64,680.16		10780.03	1.500	'	12936.03	. 1
HSC HOSPITALS	4	3		61,980.00		20660.00	.750		15495.00	1
NON-HSC HOSPITAL TOTAL	1			2,700.16		900.05	.750		2700.16	
ACCOMMODATIONS	1	3 3 0		999.36		333.12	.750		999.36	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	1	3		999.36		333.12	.750		999.36	
ANCILLARIES	1	0		1,700.80		.00	.000		1700.80	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	8	19		574.26		30.22	4.750		71.78	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPINT	8	19		574.26		30.22	4.750		71.78	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00	•	.00	.000	•	.00	•
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	

ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 20	05 THRU DE	C 2005	F
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FO	R MIA - NO S	SOC - PREGNANT	AID CODE 8	36		
					MONT	TITY ATTEDAC	1177

					MONTHLY AVERAGE -						
04 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C			
		OR DAYS OF CAR	RΕ		PER UNIT/DAY			E			
@COMMUNITY HOSPITAL TOTAL	13	25	\$	65,254.42			\$ 5019.57	\$ 1			
COMM HOSP INPATIENT TOTAL	5	6		64,680.16	10780.03	1.500	12936.03	1			
HSC HOSPITALS	4	3		61,980.00	20660.00	.750	15495.00	1			
NON-HSC HOSPITALS TOTAL	1	3 3 0 0 3 0		2,700.16 999.36	900.05	.750	2700.16				
ACCOMMODATIONS	1	3		999.36	333.12	.750	999.36				
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00				
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00				
ALL OTHER ACCOM	1	3		999.36		.750	999.36				
ANCILLARIES	1	0		1,700.80	.00	.000	1700.80				
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00				
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00				
COMM HOSP OUTPATIENT TOTAL	8	19		574.26	30.22	4.750	71.78				
MEDICAL	0	0		.00	.00	.000	.00				
SURGERY	0	0		.00	.00	.000	.00				
PATHOLOGY	0	0		.00	.00	.000	.00				
RADIOLOGY	0	0		.00	.00	.000	.00				
ROOM USE	0	0		.00	.00	.000	.00				
CROSSOVERS/ALL OTH OUTPTNT	' 8	19		574.26	30.22	4.750	71.78				
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$			
MENTALLY ILL	0	0		.00	.00	.000	.00				
DEVELOP. DISABLED	0	0		.00	.00	.000					
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	\$ .00	\$			
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00				
LEV B-REHAB MD	0	0		.00	.00	.000	.00				
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00				
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00				
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00				
LEV B-REGULAR	0	0		.00	.00	.000	.00				
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	\$ .00	\$			
ICF DDH	0	0		.00	.00	.000	.00				
ICF DD	0	0		.00	.00	.000	.00				
ICF DDN/DDCN	0	0		.00	.00	.000	.00				
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$			
HOSPITAL BASED	0	0		.00	.00	.000	.00				
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00				

@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	1	5 \$	91.24	\$	18.25	1.250	\$	91.24	\$
PATHOLOGY	1	5	91.24		18.25	1.250		91.24	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	53	105 \$	14,501.65	\$	138.11	26.250	\$	273.62	\$
CLINIC	0	0	.00		.00	.000		.00	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	53	105	14,501.65		138.11	26.250		273.62	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2005 THRU	DEC	2005	PA

#CALIF DEPT OF HEALTH SERV MEDI-CAL S MOP024 FEE-FOR-SE

SANTA CRUZ COUNTY

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MIA - NO SOC - PREGNANT

AID CODE 86

----- MONTHLY AVERAGE -

PA

					MITTHE AVEICE	.GE -		
04 ELIGIBLES	USERS	UNITS OF SERVICE	E	XPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	22	25	\$	2,044.92	\$ 81.80	6.250	\$ 92.95	\$
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	
OTHER TRANS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
ACUPUNCTURE	0	0		.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	19	19		1,995.00	105.00	4.750	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	
OPTICIAN	3	6		49.92	8.32	1.500	16.64	
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	
PORTABLE X-RAY	0	0		.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	6	62	\$	66,891.78	\$ 1078.90	15.500	\$ 11148.63	\$ 1
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .00	.000	\$ .00	\$
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARA	TE INFORMATION IT	TEM ONLY;					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

----- MONTHLY AVERAGE 04 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

	OR DAYS OF CARE					R UNIT/DAY	PER ELIG		USER	E
@TOTAL, ALL PROVIDERS	104	223	\$	86,502.31	\$	387.90	55.750		831.75	\$ 2
@PHYSICIANS SERVICES	3	21	\$	2,398.41	\$	114.21	5.250		799.47	\$
OUTPATIENT VISITS	1	2	•	186.79	•	93.40	.500	•	186.79	•
OFFICE VISITS	0	0		.00		.00	.000		.00	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	0	0		.00		.00	.000		.00	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	1	2		186.79		93.40	.500		186.79	
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	
INPATIENT VISITS	1	14		1,721.49		122.96	3.500		1721.49	
HOSPITAL VISITS	1	8		551.93		68.99	2.000		551.93	
CRITICAL CARE	1	6		1,169.56		194.93	1.500		1169.56	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
	0									
ASSISTANT SURGEON	U	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	1	2		247.43		123.72	.500		247.43	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	2	3		242.70		80.90	.750		121.35	
@PHARMACY	2	2	\$	171.73	\$	85.87	.500	\$	85.87	\$
PRESCRIPTION DRUGS	2	2		171.73		85.87	.500		85.87	
SNF/ICF	0	0		.00		.00	.000		.00	
OUTPATIENTS	2	2		171.73		85.87	.500		85.87	
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00	
@DENTIST	13	37	\$	1,408.00	\$	38.05	9.250	\$	108.31	\$
VISITS - DIAGNOSTIC	12	22		496.00		22.55	5.500		41.33	
ORAL SURGERY	4	5		385.00		77.00	1.250		96.25	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	2	2		200.00		100.00	.500		100.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	1	1		39.00		39.00	.250		39.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	1	7		288.00		41.14	1.750		288.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV			RES MO	ONTH-OF-PAYMENT RE	ZPORT			DEC		PΑ
MODO24	EEE EOD CEDVICE									

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

MOP024

SANTA CRUZ COUNTY

⁻⁻⁻⁻⁻ MONTHLY AVERAGE -

04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ERAGE COST		COST PER	C
		OR DAYS OF CARE			R UNIT/DAY		USER	E
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000	.00	
EYE APPLIANCES	0	0	.00		.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00	
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$ .00	\$
VISITS	0	0	.00		.00	.000	.00	
OTHER SERVICES	0	0	.00		.00	.000	.00	
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0	.00		.00	.000	.00	
SURGERY/ANES.	0	0	.00		.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00		.00	.000	.00	
OTHER	0	0	.00		.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$ .00	\$	.00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$ .00	\$	.00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$ .00	\$	.00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$	.00	.000	\$ .00	\$
@TOTAL HOSPITAL	13	25	\$ 65,254.42	\$	2610.18	6.250	\$ 5019.57	\$ 1
HOSP INPATIENT TOTAL	5	6	64,680.16	1	.0780.03	1.500	12936.03	1
HSC HOSPITALS	4	3	61,980.00	2	20660.00	.750	15495.00	1
NON-HSC HOSPITAL TOTAL	1	3	2,700.16		900.05	.750	2700.16	
ACCOMMODATIONS	1	3	999.36		333.12	.750	999.36	
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	
ALL OTHER ACCOM	1	3	999.36		333.12	.750	999.36	
ANCILLARIES	1	0	1,700.80		.00	.000	1700.80	
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	
HOSP OUTPATIENT TOTAL	8	19	574.26		30.22	4.750	71.78	
MEDICAL	0	0	.00		.00	.000	.00	
SURGERY	0	0	.00		.00	.000	.00	
PATHOLOGY	0	0	.00		.00	.000	.00	
RADIOLOGY	0	0	.00		.00	.000	.00	
ROOM USE	0	0	.00		.00	.000	.00	

CROSSOVERS/ALL OTH OUTPTNT	8	19	574.26	30.22	4.750	71.78	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2005 THRU D	EC 2005	PA

#CALIF DEPT OF HEALTH SERV MOP024

SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL

DANTA CROZ COUNTI	SUMMART OF SERV	VICES FOR MIA - IN	5 500	- IOIAL				
						MON		AGE -
04 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	,	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	13	25	\$	65,254.42	\$ 2610.18		5019.57	\$ 1
COMM HOSP INPATIENT TOTAL	5	6		64,680.16	10780.03	1.500	12936.03	1
HSC HOSPITALS	4	3		61,980.00	20660.00	.750	15495.00	1
NON-HSC HOSPITALS TOTAL	1	3		2,700.16	900.05	.750	2700.16	
ACCOMMODATIONS	1	3		999.36	333.12	.750	999.36	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	1	3		999.36	333.12	.750	999.36	
ANCILLARIES	1	0		1,700.80	.00	.000	1700.80	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	8	19		574.26	30.22	4.750	71.78	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	8	19		574.26	30.22	4.750	71.78	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000 \$	.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000 \$	.00	\$
ICF DDH	0	0		.00	.00	.000	.00	

ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	1	5 \$	91.24	\$	18.25	1.250	\$	91.24	\$
PATHOLOGY	1	5	91.24		18.25	1.250		91.24	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	56	108 \$	15,133.59	\$	140.13	27.000	\$	270.24	\$
CLINIC	0	0	.00		.00	.000		.00	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	56	108	15,133.59		140.13	27.000		270.24	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	S MONTH-OF-PAYMENT I	REPORT	FOR JAN	2005 THRU	DEC	2005	PA

FEE-FOR-SERVICE/DENTAL #САБІР DEPT OF HEALTH МОРО24

----- MONTHLY AVERAGE -

SUMMARY OF SERVICES FOR MIA - NO SOC - TOTAL SANTA CRUZ COUNTY

04 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	22	25 \$	2,044.92	\$ 81.80	6.250 \$	92.95	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	19	19	1,995.00	105.00	4.750	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	6	49.92	8.32	1.500	16.64	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	6	62 \$	66,891.78	\$ 1078.90		11148.63	\$ 1
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY

FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR MIA - SOC - LTC

AID CODE 53

----- MONTHLY AVERAGE -USERS 12 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @TOTAL, ALL PROVIDERS 508 \$ \$ 134.76 42.333 \$ 1086.67 68,460.31 .333 \$ 4 @PHYSICIANS SERVICES 4 \$ 105.72 \$ 26.43 26.43 \$ OUTPATIENT VISITS Ω 0 .00 .00 .00 0 0 OFFICE VISITS .000 .00 HOME VISITS .000 .00 . 000 EMERGENCY ROOM . 00 PREVENTIVE CARE .000 . 00 OB VISITS/COMPRE PERI .000 .00 . 000 OTHER OUTPATIENT .00 INPATIENT VISITS .250 27.50 .000 HOSPITAL VISITS .00 .00 27.50 .000 CRITICAL CARE .00 27.50 .00 SNF/ICF/TRANS IP CARE 82.50 .250 27.50 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 .00 .000 EXAMINATIONS .00 .00 SERVICES AND MATERIALS .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .000 PRINCIPAL SURGEON .00 .00 .00 .000 ASSISTANT SURGEON .00 .00 .00 .00 .000 ANESTHESIOLOGIST .00 .00 .00 OUTPATIENT SURGERY .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 0.0 .00 .00 .00 .00 .00 .00 .00 .00 23.22 23.22 .000 ANESTHESIOLOGIST .00 .000 DIALYSIS .00 1 0 0 103 103 99 PATHOLOGY .000 .00 .000 RADIOLOGY .00 PSYCHTATRY . 083 23.22 .000 .000 8.583 8.583 8.250 .00 IMMUNIZATION AND INJECTION .00 .00 OTHER SERVICES/ALL X-OVERS 0 .00 .00 .00 @PHARMACY 43 16,902.41 \$ 164.10 8.583 \$ 393.08 43 42 PRESCRIPTION DRUGS 16,902.41 164.10 393.08 169.30 SNF/ICF 16,760.27 399.05 35.54 .333 OUTPATIENTS 142.14 142.14 0 0 .000 .00 MEDICAL SUPPLIES .00 .00 @DENTIST 3 102.00 \$ 12.75 .667 \$ 34.00 VISITS - DIAGNOSTIC 102.00 12.75 . 667 34.00 ORAL SURGERY .00 . 000 . 00 . 00 DRUGS .00 .00 .000 .00 .00 .000 ANESTHESIA .00 .00 .00 .00 .000 PERIODONTICS .00 ENDODONTICS .00 .00 .000 .00 .00 RESTORATIVE DENTISTRY .00 .000 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES .000 .00 .000 SPACE MAINTAINERS .00 .000 MAXILLOFACIAL SERVICES .00 .000 FRACTURES, DISLOCATIONS .00 ORTHODONTIC SERVICES .00 .00 .000 .00

MOP024 FEE-FOR-SERVICE/DENTAL

ALL OTHER SERVICES

SANTA CRUZ COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53

SANTA CROZ COUNTI	SUMMARI OF SER	VICES FOR	MIA - S	- OC	шс		AID CODE	M	$\bigcirc$ NTITI	111 77 7 7 7 7 TIT 77	CE
12 ELIGIBLES	USERS	UNITS OF	CEDVITCE	,	EXPENDITURES	7/17	RAGE COST			COST PER	
12 EUIGIBUES	USEKS		OF CARE		EXPENDITORES		UNIT/DAY	,		USER	E
@OPTOMETRIST	0	OK DAIS	OF CARE	\$	.00	\$	.00	.000		.00	\$
DIAGNOSTIC AND ANC. PROCED	0		0	Y	.00	Ą	.00	.000	Y	.00	Y
EYE APPLIANCES	0		0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00	
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0		0	ې	.00	ې	.00	.000	Ą	.00	Ą
OTHER SERVICES	0		0		.00		.00	.000		.00	
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0		0	ې	.00	Ą	.00	.000	Ą	.00	ې
SURGERY/ANES.	0		0		.00		.00	.000		.00	
.*	0		0								
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00	
OTHER	0			Ċ.	.00	4	.00	.000	٠,	.00	d
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	Ş
NURSE ANESTHESIST	-		0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0		0	Ş	.00	\$	.00	.000	\$	.00	Ş
PEDIATRIC NURSE PRACTITIONER			6	Ş	165.00	\$	27.50	.500	\$	33.00	Ş
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	4		13	Ş	861.62	\$	66.28	1.083	\$	215.41	Ş
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00	
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
ANCILLARIES	0		0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	4		13		861.62		66.28	1.083		215.41	
MEDICAL	4		5		248.23		49.65	.417		62.06	
SURGERY	0		0		.00		.00	.000		.00	
PATHOLOGY	0		0		.00		.00	.000		.00	
RADIOLOGY	2		4		471.43		117.86	.333		235.72	
ROOM USE	3		4		141.96		35.49	.333		47.32	
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	4		13	\$	861.62	\$	66.28	1.083	\$	215.41	\$
CO HOSPITAL INPATIENT TOTAL			0		.00		.00	.000		.00	
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
ANCILLARIES	0		0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	4		13		861.62		66.28	1.083		215.41	
MEDICAL	4		5		248.23		49.65	.417		62.06	

SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	2	4	471.43	117.86	.333	235.72	
ROOM USE	3	4	141.96	35.49	.333	47.32	
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES 1	MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2005 THRU DE	C 2005	PA
MOP024	FEE-FOR-SERVICE/DE	ENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICE	ES FOR MIA - SOC	- LTC	AID CODE	53		
					MON	THLY AVERA	GE -
12 ELIGIBLES	USERS UN	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
	C	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	

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ALL OTHER INPATIENT

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

LEV B-REHAB MD

DEVELOP. DISABLED

LEV A-INTERMEDIATE

ROOM USE

COMM HOSP OUTPATIENT TOTAL

CROSSOVERS/ALL OTH OUTPTNT

LEV B-SUBACUTE FREESTANDING

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LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	
LEV B-REGULAR	11	304	45,422.06		149.41	25.333		4129.28	
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	.00		.00	.000		.00	
ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	1	1 \$	14.98	\$	14.98	.083	\$	14.98	\$
PATHOLOGY	1	1	14.98		14.98	.083		14.98	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	11	19 \$	4,367.02	\$	229.84	1.583	\$	397.00	\$
CLINIC	0	0	.00		.00	.000		.00	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	11	19	4,367.02		229.84	1.583		397.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	S MONTH-OF-PAYMENT F	EPORT	FOR JAN	2005 THRU	DEC	2005	PA

MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MIA - SOC - LTC AID CODE 53 SANTA CRUZ COUNTY

SANIA CRUZ COUNTI	SUMMARI OF SER	VICES FOR MIA - SOC -	штс	AID CODE	55		
					MON7	THLY AVERAG	E -
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	7	50 \$	519.50	\$ 10.39	4.167 \$	74.21	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	6	48	493.42	10.28	4.000	82.24	
AMBULANCES/AIR TRANS	1	5	224.97	44.99	.417	224.97	
OTHER TRANS	5	43	268.45	6.24	3.583	53.69	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1	2	26.08	13.04	.167	26.08	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	

 @CALIF. CHILDREN SERVICES*
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@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

SANTA CRUZ COUNTY	SUMMARY OF SERVICES	FOR MIA - SOC - PI	REGNANT	AID CODE			
					MONT		
00 ELIGIBLES		TS OF SERVICE	EXPENDITURES	AVERAGE COST			C
		DAYS OF CARE		PER UNIT/DAY		USER	E
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
	0	0	.00	.00		.00	
RADIOLOGY	0	0	.00	.00	.000		
PSYCHIATRY	0	0			.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0			.00	.000	.00	4
@PHARMACY	0	0 \$ 0	.00	\$ .00	.000 \$		\$
PRESCRIPTION DRUGS	0	0		.00	.000	.00	
SNF/ICF	0	•	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0 \$	.00	\$ .00	.000 \$	.00	Ş
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALTE DEDT OF HEALTH SERV	MEDI-CAL SERVICES AND	PADEMDILLIBES	MONTH-OF-DAVMENT REDORT	FOR JAM	2005 THRII DEC	' 2005

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR M	IA - S	SOC -	- PREGNANT		AID CODE				
										THLY AVERA	
00 ELIGIBLES	USERS	UNITS OF S			EXPENDITURES			UNITS/DAY			C
		OR DAYS O	F CARE					PER ELIG		USER	E
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00	
EYE APPLIANCES	0		0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00	
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0		0		.00		.00	.000		.00	
OTHER SERVICES	0		0		.00		.00	.000		.00	
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00	
SURGERY/ANES.	0		0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00	
OTHER	0		0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0		0	ማ ማ ማ ማ	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0		0	·	.00	•	.00	.000	·	.00	·
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
ANCILLARIES	0		0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00	
MEDICAL	0		0		.00		.00	.000		.00	
SURGERY	0		0		.00		.00	.000		.00	
PATHOLOGY	0		0		.00		.00	.000		.00	
RADIOLOGY	0		0		.00		.00	.000		.00	
ROOM USE	0		0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT			0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	Ś	.00	\$
CO HOSPITAL INPATIENT TOTAL			0	т	.00	т	.00	.000	т	.00	τ
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
THE OTHER ACCOU	O		0		.00		.00	.000		.00	

ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for Jan 20	05 THRU DE	C 2005
MOP024	FEE-FOR-SERVICE/DENT	ΓAL				
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SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MIA - SOC - PREGNANT AID CODE 87

SANTA CRUZ COUNTY	SUMMARY OF SERVI	ICES FOR MIA - S	30C -	PREGNAN'I'		AID CODE	8.7				
							MC			GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER	C	
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER	E	
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		
ANCILLARIES	0	0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		
MEDICAL	0	0		.00		.00	.000		.00		
SURGERY	0	0		.00		.00	.000		.00		
PATHOLOGY	0	0		.00		.00	.000		.00		
RADIOLOGY	0	0		.00		.00	.000		.00		
ROOM USE	0	0		.00		.00	.000		.00		
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
MENTALLY ILL	0	0		.00		.00	.000	•	.00		
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
LEV A-INTERMEDIATE	0	0		.00	•	.00	.000	•	.00		
LEV B-REHAB MD	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
LEV B-REGULAR	0	0		.00		.00	.000		.00		
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
ICF DDH	0	0		.00	•	.00	.000	•	.00		
ICF DD	0	0		.00		.00	.000		.00		
ICF DDN/DDCN	0	0		.00		.00	.000		.00		
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
HOSPITAL BASED	0	0	7	.00	7	.00	.000	т.	.00	7	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
HOSPITAL BASED	0	0	т.	.00	т.	.00	.000	т	.00	т	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
	-	•			'		· · · · ·	'		'	

PATHOLOGY	0	0		.00	.00	.000	.00	)
XO AND OTHERS	0	0		.00	.00	.000	.00	)
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$ .00	.000	\$ .00	) \$
CLINIC	0	0		.00	.00	.000	.00	)
SURGICENTER	0	0		.00	.00	.000	.00	)
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	)
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	)
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	ICES AND EXPENDITU	JRES MONTH-OF-PA	AYMENT RE	PORT FOR JAN	2005 THRU 1	DEC 2005	PA
MOP024	FEE-FOR-SERVIO	CE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SER	RVICES FOR MIA -	SOC - PREGNANT		AID CODE	87		
						Mo	ONTHLY AVE	RAGE -
00 ELIGIBLES	USERS	UNITS OF SERVIO	CE EXPENI	DITURES	AVERAGE COST	UNITS/DAYS	S COST PER	C 5
		OR DAYS OF CAR	RE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	0	0	\$	.00	\$ .00	.000	\$ .00	) \$
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	)
BLOOD BANK	0	0		.00	.00	.000	.00	)
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	)
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	)
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	)
OTHER TRANS	0	0		.00	.00	.000	.00	)
OTHER SERVICES	0	0		.00	.00	.000	.00	)
ACUPUNCTURE	0	0		.00	.00	.000	.00	)
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	)
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	)
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	)
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	)
OPTICIAN	0	0		.00	.00	.000	.00	)
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	)
PORTABLE X-RAY	0	0		.00	.00	.000	.00	)
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	)
PROSTHETICS	0	0		.00	.00	.000	.00	)
ORTHOTICS	0	0		.00	.00	.000	.00	)
PSYCHOLOGIST	0	0		.00	.00	.000	.00	)
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	)
HOSPICE SERVICES	0	0		.00	.00	.000	.00	)
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	)

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

SANTA CRUZ COUNTI	SUMMAKI OF SERV	TCES FOR MIA - SOC	C -	IOIAL			MON	מודד א אודים	V C E
12 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/ 7/ 7/		UNITS/DAYS		C C
12 FFIGIRES	USERS	OR DAYS OF CARE		EXPENDITORES			PER ELIG	USER	F
	63		<u>ب</u>	68,460.31		134.76		1086.67	_
@TOTAL, ALL PROVIDERS	4		\$	105.72	\$				
@PHYSICIANS SERVICES	0	4 9	\$		\$	26.43	.333 \$		\$
OUTPATIENT VISITS	0	_		.00		.00	.000	.00	
OFFICE VISITS	0	0		.00		.00	.000	.00	
HOME VISITS	· ·	0		.00		.00	.000	.00	
EMERGENCY ROOM	0	0		.00		.00	.000	.00	
PREVENTIVE CARE	0	0		.00		.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.00	
OTHER OUTPATIENT	0	0		.00		.00	.000	.00	
INPATIENT VISITS	3	3		82.50		27.50	.250	27.50	
HOSPITAL VISITS	0	0		.00		.00	.000	.00	
CRITICAL CARE	0	0		.00		.00	.000	.00	
SNF/ICF/TRANS IP CARE	3	3		82.50		27.50	.250	27.50	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	
EXAMINATIONS	0	0		.00		.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	
DIALYSIS	0	0		.00		.00	.000	.00	
PATHOLOGY	0	0		.00		.00	.000	.00	
RADIOLOGY	0	0		.00		.00	.000	.00	
PSYCHIATRY	1	1		23.22		23.22	.083	23.22	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	
@PHARMACY	43	103	\$	16,902.41	\$	164.10	8.583 \$		\$
PRESCRIPTION DRUGS	43	103	т	16,902.41	т	164.10	8.583	393.08	7
SNF/ICF	42	99		16,760.27		169.30	8.250	399.05	
OUTPATIENTS	1	4		142.14		35.54	.333	142.14	
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	
@DENTIST	3	•	\$	102.00	\$	12.75	.667 \$		Ġ
VISITS - DIAGNOSTIC	3	8	т	102.00	٣	12.75	.667	34.00	٣
ORAL SURGERY	0	0		.00		.00	.000	.00	
DRUGS	0	0		.00		.00	.000	.00	
21.000	O	9		.00		.00	.000	.00	

ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

SANTA CRUZ COUNTY	SUMMARY OF SER	RVICES FOR MIA -	SOC -	TOTAL				
							THLY AVERA	
12 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES		UNITS/DAY	COST PER	C
		OR DAYS OF CA	RE		UNIT/DAY		USER	E
@OPTOMETRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	\$	.00	\$ .00	.000	\$ .00	\$
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000	\$ .00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000	\$ .00	\$
PEDIATRIC NURSE PRACTITIONER	5	6	\$	165.00	\$ 27.50	.500	\$ 33.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	4	13	\$	861.62	\$ 66.28	1.083	\$ 215.41	\$
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	4	13		861.62	66.28	1.083	215.41	
MEDICAL	4	5		248.23	49.65	.417	62.06	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	2	4		471.43	117.86	.333	235.72	
ROOM USE	3	4		141.96	35.49	.333	47.32	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	4	13	\$	861.62	\$ 66.28	1.083	\$ 215.41	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	4	13	861.62	66.28	1.083	215.41	
MEDICAL	4	5	248.23	49.65	.417	62.06	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	2	4	471.43	117.86	.333	235.72	
ROOM USE	3	4	141.96	35.49	.333	47.32	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2005 THRU	DEC 2005	

----- MONTHLY AVERAGE

CALIF DEPT OF HEALTH SERV MEDI-C.
MOP024 FEE-FO

SANTA CRUZ COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

AVERAGE COST UNITS/DAYS COST PER 12 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES C PER UNIT/DAY PER ELIG OR DAYS OF CARE E @COMMUNITY HOSPITAL TOTAL 0 .00 .000 \$ .00 \$ .00 COMM HOSP INPATIENT TOTAL .00 .000 .00 0 0 .00 .000 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 MEDICAL .00 .00 .000 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .000 .00 RADIOLOGY .00 .00 .000 .00 ROOM USE 0 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .000 .00 .00 @STATE HOSPITAL .00 .000 .00 MENTALLY ILL .00 .00 .000 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 @NURSING FACILITY 11 304 45,422.06 149.41 25.333 4129.28 LEV A-INTERMEDIATE Ω .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .000 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 LEV B-SUBACUTE HSPTL BASED .00 .00 .000 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 LEV B-REGULAR 304 45,422.06 149.41 25.333 4129.28 11 @INTERMEDIATE CARE FACIL.-DD 0 .00 .00 .000 .00 ICF DDH .00 0 .00 .000 .00 ICF DD .000 .00 .00 .00 ICF DDN/DDCN 0 .00 .00 .000 .00 @HEMODIALYSIS TOTAL \$ .00 .00 .000 .00 HOSPITAL BASED .00 .00 .000 .00

HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	1	1 \$	14.98	\$	14.98	.083	\$	14.98	\$
PATHOLOGY	1	1	14.98		14.98	.083		14.98	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	11	19 \$	4,367.02	\$	229.84	1.583	\$	397.00	\$
CLINIC	0	0	.00		.00	.000		.00	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	11	19	4,367.02		229.84	1.583		397.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2005 THRU	DEC	2005	PA

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY

SUMMARY OF SERVICES FOR MIA - SOC - TOTAL

12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			C
	_	OR DAYS OF CARE		PER UNIT/DAY		USER	E
@ALL OTHER PROVIDERS	7	50 \$	519.50	•	4.167 \$		Ş
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00		.000	.00	
MEDICAL TRANSPORTATION	6	48	493.42				
AMBULANCES/AIR TRANS	1	5	224.97				
OTHER TRANS	5	43	268.45	6.24	3.583	53.69	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1	2	26.08	13.04	.167	26.08	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SANTA CRUZ COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR FOR FUTURE USE

PA

----- MONTHLY AVERAGE -

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MOP024

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	IINTTS/DAVS	COST PER	C
00 HHIGIDHED	ODLIND	OR DAYS OF CARE		PER UNIT/DAY		USER	E
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$		\$
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$		\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	т
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0 \$	.00	\$ .00	.000 \$	.00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005	PA

FEE-FOR-SERVICE/DENTAL MOP024

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

SANTA CROZ COUNTI	SUMMARI OF SER	VICES FOR FOR FO	TOKE O	SE			Mo	דיזאר	א מישווא עידטי	CE _
00 ELIGIBLES	USERS	UNITS OF SERVIC	יסי	EXPENDITURES	7/17/17	7705 000	UNITS/DAY:		COST PER	C C
00 FILGIPIES	USEKS	OR DAYS OF CAR		EXPENDITORES		UNIT/DAY	PER ELIG	5	USER	E
@OPTOMETRIST	0	OR DAIS OF CAR	.E \$	.00	ż Ś	.00	.000	Ċ	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	Ą	.00	ې	.00	.000	ې	.00	Ą
EYE APPLIANCES	0	0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ś	.00	Ś
VISITS	0	0	Ą	.00	Ą	.00	.000	Ą	.00	Ą
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	۲.	.00	\$		.000	ب.		<u>ب</u>
MEDICINE/INJECTIONS	0	0	\$		Ş	.00		\$	.00	\$
	0	0		.00			.000		.00	
SURGERY/ANES.	0	0				.00	.000			
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0	4	.00	4	.00	.000	<b>~</b>	.00	<b>~</b>
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	Ş Ċ	.00	\$	.00	.000	Ş	.00	ې خ
NURSE MIDWIFE	0	0	Ş Ċ	.00	\$	.00	.000	Ş	.00	ې خ
PEDIATRIC NURSE PRACTITIONER	. 0	0	Ş Ċ	.00	Ş c	.00	.000	Ş	.00	ې خ
FAMILY NURSE PRACTITIONER	0	0	> \$	.00	\$ \$	.00	.000	Ş	.00	ې خ
@TOTAL HOSPITAL	0	0	Ş	.00	Ş	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL HSC HOSPITALS	0	0		.00		.00	.000		.00	
	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	U	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	

ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DE	C 2005	PP

#CALIF DEPT OF HEALTH SERV MOP024

SANTA CRUZ COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR FOR FUTURE USE

----- MONTHLY AVERAGE 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @COMMUNITY HOSPITAL TOTAL 0 0 \$ .00 .00 .000 .00 \$ COMM HOSP INPATIENT TOTAL .00 .000 .00 0 0 .00 .00 .000 HSC HOSPITALS 0 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM 0 .00 .00 .000 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .000 .00 0 SURGERY .00 .00 .000 .00 PATHOLOGY 0 .00 .00 .000 .00 RADIOLOGY .00 .00 .000 .00 ROOM USE 0 .00 .00 .000 .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .000 @STATE HOSPITAL \$ .00 .00 .000 .00 MENTALLY ILL .00 .00 .000 .00 DEVELOP. DISABLED .00 .00 .000 .00 @NURSING FACILITY .00 .00 .000 .00 0 .00 .000 LEV A-INTERMEDIATE .00 .00 LEV B-REHAB MD .00 .00 .000 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .000 LEV B-SUBACUTE HSPTL BASED .00 .00 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 LEV B-REGULAR 0 .00 .00 .000 @INTERMEDIATE CARE FACIL.-DD \$ .00 .00 .000 \$ .00 \$

ICF DDH	0	0	.00		.00	.000		.00	
ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0	.00		.00	.000		.00	
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$	.00	.000	\$	.00	\$
CLINIC	0	0	.00		.00	.000		.00	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0	.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2005 THRU	DEC	2005	PP

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR FOR FUTURE USE

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00 51 16151 56	Hanna			111ED1GE GOGE		THLY AVERAGE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER E
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$
C.L. MOMAT G. TAL MURGER T. TAMES AND A	ATTION NO N OFFI	TITODIANETOI TEE		•		·

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR MEDICAL	LY I	INDIGENT - ADULTS -	TOT	ľAL			
							MOI		
16 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS		C
		OR DAYS OF CARE			PEF	R UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	167	731	\$	154,962.62	\$	211.99	45.688	927.92	\$
@PHYSICIANS SERVICES	7	25	\$	2,504.13	\$	100.17	1.563		\$
OUTPATIENT VISITS	1	2		186.79		93.40	.125	186.79	
OFFICE VISITS	0	0		.00		.00	.000	.00	
HOME VISITS	0	0		.00		.00	.000	.00	
EMERGENCY ROOM	0	0		.00		.00	.000	.00	
PREVENTIVE CARE	0	0		.00		.00	.000	.00	
OB VISITS/COMPRE PERI	1	2		186.79		93.40	.125	186.79	
OTHER OUTPATIENT	0	0		.00		.00	.000	.00	
INPATIENT VISITS	4	17		1,803.99		106.12	1.063	451.00	
HOSPITAL VISITS	1	8		551.93		68.99	.500	551.93	
CRITICAL CARE	1	6		1,169.56		194.93	.375	1169.56	
SNF/ICF/TRANS IP CARE	3	3		82.50		27.50	.188	27.50	
, ,	0	3							
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	
EXAMINATIONS		0		.00		.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	
DIALYSIS	0	0		.00		.00	.000	.00	
PATHOLOGY	0	0		.00		.00	.000	.00	
RADIOLOGY	1	2		247.43		123.72	.125	247.43	
PSYCHIATRY	1	1		23.22		23.22	.063	23.22	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	2	3		242.70		80.90	.188	121.35	
@PHARMACY	45	105	\$	17,074.14	\$	162.61	6.563		\$
PRESCRIPTION DRUGS	45	105	'	17,074.14	'	162.61	6.563	379.43	'
SNF/ICF	42	99		16,760.27		169.30	6.188	399.05	
OUTPATIENTS	3	6		313.87		52.31	.375	104.62	
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	
@DENTIST	16	45	\$	1,510.00	\$	33.56	2.813		\$
VISITS - DIAGNOSTIC	15	30	۲	598.00	۲	19.93	1.875	39.87	۲
ORAL SURGERY	4	5		385.00		77.00	.313	96.25	
DRUGS	0	0		.00		.00	.000	.00	
ANESTHESIA	2	2		200.00		100.00	.125	100.00	
	0	0						.00	
PERIODONTICS	0	0		.00		.00	.000		
ENDODONTICS	1	1		.00		.00	.000	.00	
RESTORATIVE DENTISTRY	0	0		39.00		39.00	.063	39.00	
PROSTHETICS				.00		.00	.000	.00	
DENTURES, STAYPLATES	1	7		288.00		41.14	.438	288.00	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

					MON	THLY AVERAGI	E -
16 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	
OTHER	0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	\$
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	\$
PEDIATRIC NURSE PRACTITIONER	5	6 \$	165.00	\$ 27.50	.375 \$	33.00	\$
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	\$
@TOTAL HOSPITAL	17	38 \$	66,116.04	\$ 1739.90	2.375 \$	3889.18	\$
HOSP INPATIENT TOTAL	5	6	64,680.16	10780.03	.375	12936.03	
HSC HOSPITALS	4	3	61,980.00	20660.00	.188	15495.00	
NON-HSC HOSPITAL TOTAL	1	3	2,700.16	900.05	.188	2700.16	
ACCOMMODATIONS	1	3	999.36	333.12	.188	999.36	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	3	999.36	333.12	.188	999.36	
ANCILLARIES	1	0	1,700.80	.00	.000	1700.80	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	

HOSP OUTPATIENT TOTAL	12	32	1,435.88	44.87	2.000	119.66	
MEDICAL	4	5	248.23	49.65	.313	62.06	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	2	4	471.43	117.86	.250	235.72	
ROOM USE	3	4	141.96	35.49	.250	47.32	
CROSSOVERS/ALL OTH OUTPTNT	8	19	574.26	30.22	1.188	71.78	
@COUNTY HOSPITAL TOTAL	4	13 \$	861.62	\$ 66.28	.813	\$ 215.41	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	4	13	861.62	66.28	.813	215.41	
MEDICAL	4	5	248.23	49.65	.313	62.06	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	2	4	471.43	117.86	.250	235.72	
ROOM USE	3	4	141.96	35.49	.250	47.32	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2005 THRU	DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTA	AL					

SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

SANTA CRUZ COUNTY

----- MONTHLY AVERAGE **USERS** UNITS OF SERVICE **EXPENDITURES** AVERAGE COST UNITS/DAYS COST PER 16 ELIGIBLES C OR DAYS OF CARE USER PER UNIT/DAY PER ELIG E @COMMUNITY HOSPITAL TOTAL 13 25 \$ 65,254.42 \$ 2610.18 1.563 \$ 5019.57 COMM HOSP INPATIENT TOTAL 10780.03 .375 12936.03 5 6 64,680.16 HSC HOSPITALS 61,980.00 20660.00 .188 15495.00 2,700.16 NON-HSC HOSPITALS TOTAL 900.05 .188 2700.16 ACCOMMODATIONS 3 999.36 333.12 .188 999.36 ADMINISTRATIVE DAYS .00 .00 .000 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 ALL OTHER ACCOM 333.12 999.36 .188 999.36 .00 1,700.80 .000 ANCILLARIES 1700.80 INPATIENT CROSSOVERS .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 19 574.26 30.22 1.188 71.78 MEDICAL .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 .000 PATHOLOGY .00 .00 .00 .000 RADIOLOGY .00 .00 ROOM USE 0 .00 .00 .000 .00 CROSSOVERS/ALL OTH OUTPTNT 19 574.26 30.22 1.188 71.78 @STATE HOSPITAL .00 .00 .000 .00 MENTALLY ILL .00 0 .00 .000 .00 DEVELOP. DISABLED .00 .00 .000 0 .00 11 45,422.06 149.41 19.000 4129.28 @NURSING FACILITY 304 .00 0 .000 LEV A-INTERMEDIATE 0 .00 .00 LEV B-REHAB MD .00 .00 .000 .00

9 0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
11	304		45,422.06		149.41	19.000		4129.28	
0	0	\$	.00	\$	.00	.000	\$	.00	\$
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0	\$	.00	\$	.00	.000	\$	.00	\$
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
0	0	\$	.00	\$	.00	.000	\$	.00	\$
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
2	6	\$	106.22	\$	17.70	.375	\$	53.11	\$
2	6		106.22		17.70	.375		53.11	
0	0		.00		.00	.000		.00	
67	127	\$	19,500.61	\$	153.55		\$		\$
0	0		.00		.00			.00	
0	0		.00		.00	.000		.00	
0	0		.00		.00	.000		.00	
67	127		19,500.61		153.55	7.938		291.05	
		RES MO	NTH-OF-PAYMENT RI	EPORT	FOR JAN	2005 THRU	DEC	2005	PA
FEE-FOR-SERVICE/DENTA	AL								
	0 0 11 0 0 0 0 0 0 0 0 0 0 0 0 2 2 2 0 67 0 0 0	0 0 0 0 0 11 304 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 11 304 0 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 .00 11 304 45,422.06 0 0 \$ .00 0 0 .00 0 0 .00 0 0 .00 0 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	0 0 0 .00 11 304 45,422.06 0 0 \$ .00 \$ 0 0 0 \$ .00 \$ 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	0       0       .00       .00       .00         11       304       45,422.06       149.41         0       0       \$       .00       \$       .00         0       0       .00       .00       .00       .00         0       0       .00       .00       .00       .00       .00         0       0       \$       .00       \$       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .0	0         0         .00         .00         .00         .000           11         304         45,422.06         149.41         19.000           0         0         \$         .00         \$         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <td< td=""><td>0 0 0 .00 .00 .00 .000 .000 .000 .000</td><td>0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00</td></td<>	0 0 0 .00 .00 .00 .000 .000 .000 .000	0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MEDICALLY INDIGENT - ADULTS - TOTAL

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
@ALL OTHER PROVIDERS	29	75 \$	2,564.42	\$ 34.19	4.688 \$	88.43	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	6	48	493.42	10.28	3.000	82.24	
AMBULANCES/AIR TRANS	1	5	224.97	44.99	.313	224.97	
OTHER TRANS	5	43	268.45	6.24	2.688	53.69	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	19	19	1,995.00	105.00	1.188	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	4	8	76.00	9.50	.500	19.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	

----- MONTHLY AVERAGE -

ALL OTHER PROVIDERS	0	0	.00	.00	.000		.00	
@CALIF. CHILDREN SERVICES*	6	62	\$ 66,891.78	\$ 1078.90	3.875	\$ 1	1148.63	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$	.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR ALL AGED

SANTA CRUZ COUNTY	SUMMARY OF SER	VICES FOR ALL AGED	)							
							MO			
156 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	(		C
		OR DAYS OF CARE					PER ELIG		USER	E
@TOTAL, ALL PROVIDERS	5,785		\$	2,558,075.24			366.122		442.19	\$ 1
@PHYSICIANS SERVICES	60	104	\$	2,462.01	\$	23.67	.667	\$	41.03	\$
OUTPATIENT VISITS	1	2		152.68		76.34	.013		152.68	
OFFICE VISITS	0	0		.00		.00	.000		.00	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	60 1 0 0	2		152.68		76.34	.013		152.68	
		0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	
INPATIENT VISITS	0	0		.00		.00	.000		.00	
HOSPITAL VISITS	0	0		.00		.00	.000		.00	
CRITICAL CARE	0	0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	2	14		20.07		1.43	.090		10.04	
RADIOLOGY	3	10		976.61		97.66	.064		325.54	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	54	78		1,312.65		16.83	.500		24.31	
@PHARMACY	1,674	25,557	\$	446 529 79	\$	17.47	163.827	Ś	266.74	\$
PRESCRIPTION DRUGS	1,660	2,712	7	442,649.67	-7	163.22	17.385	т	266.66	7
SNF/ICF	1,078	1,783		292,803.45		164.22	11.429		271.62	
OUTPATIENTS	585	929		149,846.22		161.30	5.955		256.15	
MEDICAL SUPPLIES	2.0	22,845		3,880.12		.17	146.442		138.58	
@DENTIST	1,032		\$	158,425.60	\$	40.28	25.212	\$	153.51	\$
VISITS - DIAGNOSTIC	800	2,440	Υ	32,484.90	4	13.31	15.641	Υ	40.61	۲
ORAL SURGERY	800 152	560		25,875.00		46.21	3.590		170.23	
DRUGS	2	3		30.00		10.00	.019		15.00	
ANESTHESIA	36	39		3,400.00		87.18	.250		94.44	
PERIODONTICS	50	51		5,374.00		105.37	.327		107.48	
ENDODONTICS	43	62		12,706.00		204.94	.397		295.49	
RESTORATIVE DENTISTRY	145	296		19,643.20		66.36	1.897		135.47	
MICTORMITATION DEMITTORIA	140	200		17,043.20		00.50	1.00/		100.1	

PROSTHETICS	12	14	595.00	42.50	.090	49.58
DENTURES, STAYPLATES	140	377	58,267.50	154.56	2.417	416.20
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	57	91	50.00	.55	.583	.88
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2005 THRU DE	C 2005

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MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR ALL AGED

SANTA CRUZ COUNTY	SUMMARY OF SER	VICES FOR ALL AG	ED								
									THLY AVERA		
156 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST					C
		OR DAYS OF CAR				R UNIT/DAY			USER		E
@OPTOMETRIST	12	35	\$	631.62	\$	18.05	.224	\$	52.64	\$	
DIAGNOSTIC AND ANC. PROCED	5	6		142.35		23.73	.038		28.47		
EYE APPLIANCES	10	29		489.27		16.87	.186		48.93		
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
VISITS	0	0		.00		.00	.000		.00		
OTHER SERVICES	0	0		.00		.00	.000		.00		
@PODIATRIST	1	2	\$	.73	\$	.37	.013	\$	.73	\$	
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		
SURGERY/ANES.	0	0		.00		.00	.000		.00		
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		
OTHER	1	2		.73		.37	.013		.73		
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE MIDWIFE	0	0	Ė	.00	\$	.00	.000	Ė	.00	\$	
PEDIATRIC NURSE PRACTITIONER	0	0	\$ \$ \$	.00	Ė	.00	.000	\$	.00	Ė	
FAMILY NURSE PRACTITIONER	0	0	Ė	.00	\$	.00	.000	\$	.00	\$	
@TOTAL HOSPITAL	18	71	\$	9,610.44	Š	135.36	.455		533.91	Š	
HOSP INPATIENT TOTAL	9	18	т.	8,571.58	т	476.20	.115	т.	952.40	т.	
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITAL TOTAL	2	18		36,970.53		2053.92	.115		18485.27		
ACCOMMODATIONS	2	18		10,022.40		556.80	.115		5011.20		
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	2	18		10,022.40		556.80	.115		5011.20		
ANCILLARIES	2	0		26,948.13		.00	.000		13474.07		
INPATIENT CROSSOVERS	7	0		28,398.95CR		.00	.000		4056.990	٦r	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		
HOSP OUTPATIENT TOTAL	11	53		1,038.86		19.60	.340		94.44		
MEDICAL	1	1		82.41		82.41	.006		82.41		
SURGERY	1	1		4.00		4.00	.006		4.00		
PATHOLOGY	1	8		76.28		9.54	.051		76.28		
RADIOLOGY	2	2		212.29		106.15	.013		106.15		
ROOM USE	2	2		72.68		36.34	.013		36.34		
CROSSOVERS/ALL OTH OUTPTNT	9	39		591.20		15.16	.250		65.69		
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Ś	.00	\$	
CO HOSPITAL INPATIENT TOTAL	0	0	4	.00	٣	.00	.000	۲	.00	۲	
HSC HOSPITALS	0	0		.00		.00	.000		.00		
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		
ACCOMMODATIONS	0	0		.00		.00	.000		.00		
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
INANSTITONAL IF CARE	0	O		.00		.00	.000		.00		

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REP	PORT FOR JAN 2	2005 THRU D	EC 2005	PA
MOP024	FEE-FOR-SERVICE/DENT	AL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES	FOR ALL AGED					
						NTHLY AVERAC	3E -
156 ELIGIBLES		S OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
	OR	DAYS OF CARE		PER UNIT/DAY	UNITS/DAYS	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	OR 18	DAYS OF CARE 71 \$	9,610.44	PER UNIT/DAY \$ 135.36	UNITS/DAYS PER ELIG .455	COST PER USER \$ 533.91	C
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	OR	DAYS OF CARE 71 \$	9,610.44 8,571.58	PER UNIT/DAY \$ 135.36 476.20	UNITS/DAYS PER ELIG .455 .115	COST PER USER \$ 533.91 952.40	C E
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	OR 18	DAYS OF CARE 71 \$ 18	9,610.44 8,571.58 .00	PER UNIT/DAY \$ 135.36 476.20 .00	UNITS/DAYS PER ELIG .455 .115 .000	S COST PER USER \$ 533.91 952.40 .00	C E
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	OR 18	DAYS OF CARE 71 \$ 18 0 18	9,610.44 8,571.58 .00 36,970.53	PER UNIT/DAY \$ 135.36 476.20 .00 2053.92	UNITS/DAYS PER ELIG .455 .115 .000 .115	COST PER USER \$ 533.91 952.40 .00 18485.27	C E
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	OR 18	DAYS OF CARE 71 \$ 18	9,610.44 8,571.58 .00	PER UNIT/DAY \$ 135.36 476.20 .00 2053.92 556.80	UNITS/DAYS PER ELIG .455 .115 .000 .115 .115	COST PER USER \$ 533.91 952.40 .00 18485.27 5011.20	C E
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	OR 18	DAYS OF CARE 71 \$ 18 0 18	9,610.44 8,571.58 .00 36,970.53 10,022.40	PER UNIT/DAY \$ 135.36 476.20 .00 2053.92 556.80 .00	UNITS/DAYS PER ELIG .455 .115 .000 .115 .115	COST PER USER \$ 533.91 952.40 .00 18485.27	C E
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	OR 18	DAYS OF CARE 71 \$ 18 0 18 18 0 0	9,610.44 8,571.58 .00 36,970.53 10,022.40 .00	PER UNIT/DAY \$ 135.36 476.20 .00 2053.92 556.80 .00 .00	UNITS/DAYS PER ELIG .455 .115 .000 .115 .115 .000 .000	\$ COST PER USER \$ 533.91 952.40 .00 18485.27 5011.20 .00	C E
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	OR 18	DAYS OF CARE 71 \$ 18 0 18	9,610.44 8,571.58 .00 36,970.53 10,022.40 .00 .00	PER UNIT/DAY \$ 135.36 476.20 .00 2053.92 556.80 .00 .00 556.80	UNITS/DAYS PER ELIG .455 .115 .000 .115 .115 .000 .000 .115	\$ COST PER USER \$ 533.91 952.40 .00 18485.27 5011.20 .00 .00	C E
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	OR 18	DAYS OF CARE 71 \$ 18 0 18 18 0 0	9,610.44 8,571.58 .00 36,970.53 10,022.40 .00	PER UNIT/DAY \$ 135.36 476.20 .00 2053.92 556.80 .00 .00	UNITS/DAYS PER ELIG .455 .115 .000 .115 .115 .000 .000 .115	\$ COST PER USER \$ 533.91 952.40 .00 18485.27 5011.20 .00 .00 5011.20 13474.07	C E \$
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	OR 18	DAYS OF CARE 71 \$ 18 0 18 18 0 0	9,610.44 8,571.58 .00 36,970.53 10,022.40 .00 .00 10,022.40 26,948.13 28,398.95CR	PER UNIT/DAY \$ 135.36 476.20 .00 2053.92 556.80 .00 .00 556.80 .00 .00	UNITS/DAYS PER ELIG .455 .115 .000 .115 .115 .000 .000 .115 .000 .000	\$ COST PER USER \$ 533.91 952.40 .00 18485.27 5011.20 .00 .00 5011.20 13474.07 4056.99CF	C E \$
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	OR 18	DAYS OF CARE 71 \$ 18 0 18 18 0 0	9,610.44 8,571.58 .00 36,970.53 10,022.40 .00 .00 10,022.40 26,948.13	PER UNIT/DAY \$ 135.36 476.20 .00 2053.92 556.80 .00 .00 556.80 .00	UNITS/DAYS PER ELIG .455 .115 .000 .115 .115 .000 .000 .115	\$ COST PER USER \$ 533.91 952.40 .00 18485.27 5011.20 .00 .00 5011.20 13474.07	C E \$

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.00 \$

106.15

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

@STATE HOSPITAL

CROSSOVERS/ALL OTH OUTPTNT

ROOM USE

MENTALLY ILL	0	0	.00		.00	.000		.00	
DEVELOP. DISABLED	0	0	.00		.00	.000		.00	
@NURSING FACILITY	46	1,479 \$	183,504.98	\$	124.07	9.481	\$	3989.24	\$
LEV A-INTERMEDIATE	2	61	4,249.94		69.67	.391		2124.97	
LEV B-REHAB MD	13	488	64,662.98		132.51	3.128		4974.08	
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	
LEV B-REGULAR	31	930	114,592.06		123.22	5.962		3696.52	
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$	.00	.000	Ś	.00	\$
ICF DDH	0	0	.00	т	.00	.000	т	.00	τ
ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	1	2 \$	931.68	\$	465.84	.013	Ġ	931.68	\$
HOSPITAL BASED	0	0	.00	Y	.00	.000	Y	.00	Ÿ
	1	2				.013			
HEMODIALYSIS CENTER	0	0 \$	931.68	<u>ب</u>	465.84		4	931.68	<u>.</u>
@REHABILITATION FACILITY	0	- 1	.00	Ş	.00	.000	Ş	.00	Ş
HOSPITAL BASED	0	0	.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	1	28CR \$	334.90CR		11.96	.179C		334.900	
PATHOLOGY	1	28CR	334.90CR		11.96	.179C	!R	334.900	CR
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	1,679	9 <b>,</b> 577 \$	1,190,829.07	\$	124.34	61.391	\$	709.25	\$
CLINIC	0	0	.00		.00	.000		.00	
SURGICENTER	0	0	.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	1,679	9,577	1,190,829.07		124.34	61.391		709.25	
#CALIF DEPT OF HEALTH SERV		מבטבעות האטבעות סבט.	AUNTAL OF DAVMENT DE		FOD TANT	סחרב שהחבוו	חהם	2005	D 7
	LIDT CUT DHILL	CES AND EXPENDITURES M	IONIA-OF-PAIMENI KE	PORI	FOR UAN 2	OARI COUS	DEC	2005	PA
MOP024			IONIT-OF-PAIMENI RE	PORT	FOR UAN 2	2005 THRU	DEC	2005	PA
	FEE-FOR-SERVIC		ONIA-OF-PAIMENI KE	PORT	FOR UAIN 2	OAHI COOS	DEC	2005	P.P.
MOP024	FEE-FOR-SERVIC	CE/DENTAL	IONIN-OF-PAIMENI KE	PORT	FOR UAIN 2	M			
MOP024	FEE-FOR-SERVIC	CE/DENTAL	EXPENDITURES			M	IONTI	HLY AVERA	
MOP024 SANTA CRUZ COUNTY 156 ELIGIBLES	FEE-FOR-SERVIC SUMMARY OF SER USERS	CE/DENTAL RVICES FOR ALL AGED UNITS OF SERVICE		AVEI	RAGE COST	M UNITS/DAY	IONTI	HLY AVERA	AGE -
MOP024 SANTA CRUZ COUNTY 156 ELIGIBLES	FEE-FOR-SERVIC SUMMARY OF SER USERS	CE/DENTAL RVICES FOR ALL AGED UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVEI PER	RAGE COST UNIT/DAY	M UNITS/DAY PER ELIG	IONTI	HLY AVERA COST PER USER	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS	FEE-FOR-SERVIC SUMMARY OF SER USERS 1,810	CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE  OR DAYS OF CARE  16,383 \$	EXPENDITURES 565,484.22	AVEI	RAGE COST UNIT/DAY 34.52	M UNITS/DAY PER ELIG 105.019	IONTI	HLY AVERA COST PER USER 312.42	AGE - C
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	FEE-FOR-SERVIC SUMMARY OF SER USERS	CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE  OR DAYS OF CARE  16,383 \$	EXPENDITURES 565,484.22 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00	M UNITS/DAY PER ELIG 105.019 .000	IONTI	HLY AVERA COST PER USER 312.42 .00	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	FEE-FOR-SERVIC SUMMARY OF SER USERS 1,810	CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE  OR DAYS OF CARE  16,383 \$	EXPENDITURES 565,484.22 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00	M UNITS/DAY PER ELIG 105.019 .000	IONTI	HLY AVERA COST PER USER 312.42 .00	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	FEE-FOR-SERVIC SUMMARY OF SER USERS 1,810 0 0	CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0	EXPENDITURES 565,484.22 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00	M UNITS/DAY PER ELIG 105.019 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	FEE-FOR-SERVIC SUMMARY OF SER USERS 1,810	CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE  OR DAYS OF CARE  16,383 \$	EXPENDITURES 565,484.22 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00	M UNITS/DAY PER ELIG 105.019 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	FEE-FOR-SERVIC SUMMARY OF SER USERS 1,810 0 0 0	CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0 0	EXPENDITURES  565,484.22 .00 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00	M UNITS/DAY PER ELIG 105.019 .000 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	FEE-FOR-SERVIC SUMMARY OF SER USERS 1,810 0 0 0 0	CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0 0 0	EXPENDITURES  565,484.22 .00 .00 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00 .00	M UNITS/DAY PER ELIG 105.019 .000 .000 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00 .00	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	FEE-FOR-SERVIC SUMMARY OF SER USERS 1,810 0 0 0	CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0 0 0 0 0	EXPENDITURES  565,484.22 .00 .00 .00 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00 .00	M UNITS/DAY PER ELIG 105.019 .000 .000 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00 .00	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	FEE-FOR-SERVIC SUMMARY OF SER USERS 1,810 0 0 0 0 0	CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0 0 0 0 0 0	EXPENDITURES  565,484.22 .00 .00 .00 .00 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG 105.019 .000 .000 .000 .000 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00 .00 .00	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	FEE-FOR-SERVICE SUMMARY OF SERVICE USERS  1,810 0 0 0 0 0 0 0 12	CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0 0 0 0 0 0 0 82	EXPENDITURES  565,484.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG 105.019 .000 .000 .000 .000 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00 .00 .00 .00	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	FEE-FOR-SERVIC SUMMARY OF SER USERS 1,810 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0 0 0 0 0 0 0 82	EXPENDITURES  565,484.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG 105.019 .000 .000 .000 .000 .000 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00 .00 .00 .00 .00	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	FEE-FOR-SERVIC SUMMARY OF SER USERS 1,810 0 0 0 0 0 0 0 12 0	CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0 0 0 0 0 0 82 0 10,113	EXPENDITURES  565,484.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG 105.019 .000 .000 .000 .000 .000 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	FEE-FOR-SERVIC SUMMARY OF SER USERS 1,810 0 0 0 0 0 0 0 0 12 0 1,057	CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0 0 0 0 0 0 82 0 10,113	EXPENDITURES  565,484.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG 105.019 .000 .000 .000 .000 .000 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	FEE-FOR-SERVIC SUMMARY OF SER USERS 1,810 0 0 0 0 0 0 0 0 12 0 1,057 0 714	CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0 0 0 0 0 0 82 0 10,113 0 1,641	EXPENDITURES  565,484.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG 105.019 .000 .000 .000 .000 .000 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	FEE-FOR-SERVICE SUMMARY OF SER  USERS  1,810  0  0  0  0  0  1  1,057  0  714  0	CE/DENTAL RVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0 0 0 0 0 82 0 10,113 0 1,641	EXPENDITURES  565,484.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG 105.019 .000 .000 .000 .000 .000 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	FEE-FOR-SERVICE SUMMARY OF SER  USERS  1,810  0  0  0  0  0  1  1,057  0  714  0  0  0	CE/DENTAL EVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0 0 0 0 0 0 0 10,113 0 1,641 0 0	EXPENDITURES  565,484.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00 .00 .00 .00 .00 .00 .10 .00 .0	M UNITS/DAY PER ELIG 105.019 .000 .000 .000 .000 .000 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	FEE-FOR-SERVIC SUMMARY OF SER USERS 1,810 0 0 0 0 0 0 0 1,057 0 714 0 0	CE/DENTAL EVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0 0 0 0 0 0 0 10,113 0 1,641 0 0 0	EXPENDITURES  565,484.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00 .00 .00 .00 .00 .00 .11.17 .00 .00 .00 .00	M UNITS/DAY PER ELIG 105.019 .000 .000 .000 .000 .000 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	FEE-FOR-SERVICE SUMMARY OF SER  USERS  1,810  0  0  0  0  0  1  1,057  0  714  0  0  0	CE/DENTAL EVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0 0 0 0 0 0 0 10,113 0 1,641 0 0 0 0 0 0	EXPENDITURES  565,484.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00 .00 .00 .00 .00 .00 .11.17 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG 105.019 .000 .000 .000 .000 .000 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	FEE-FOR-SERVIC SUMMARY OF SER USERS 1,810 0 0 0 0 0 0 0 1,057 0 714 0 0	CE/DENTAL EVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0 0 0 0 0 0 0 10,113 0 1,641 0 0 0	EXPENDITURES  565,484.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00 .00 .00 .00 .00 .00 .11.17 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG 105.019 .000 .000 .000 .000 .000 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS	FEE-FOR-SERVIC SUMMARY OF SER USERS 1,810 0 0 0 0 0 0 0 1,057 0 714 0 0	CE/DENTAL EVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0 0 0 0 0 0 0 10,113 0 1,641 0 0 0 0 0 0	EXPENDITURES  565,484.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00 .00 .00 .00 .00 .00 .11.17 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG 105.019 .000 .000 .000 .000 .000 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS	FEE-FOR-SERVICE SUMMARY OF SER  USERS  1,810  0  0  0  0  0  1,810  0  714  0  0  0  0  0  0  0  0  0  0  0  0  0	CE/DENTAL EVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0 0 0 0 0 0 0 10,113 0 1,641 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  565,484.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00 .00 .00 .00 .00 .00 .11.17 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG 105.019 .000 .000 .000 .000 .000 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00 .00 .00 .00 .00 478.94 .00 510.69 .00 25.67 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AGE - C E
MOP024 SANTA CRUZ COUNTY  156 ELIGIBLES  @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST	### TEE-FOR-SERVICESUMMARY OF SERVICES  USERS  1,810  0  0  0  0  0  1,810  0  1,810  0  0  0  0  0  0  0  0  0  0  0  0	CE/DENTAL EVICES FOR ALL AGED  UNITS OF SERVICE OR DAYS OF CARE 16,383 \$ 0 0 0 0 0 0 0 0 0 10,113 0 1,641 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES  565,484.22 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEI PER	RAGE COST UNIT/DAY 34.52 .00 .00 .00 .00 .00 .00 .00 .00 .11.17 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG 105.019 .000 .000 .000 .000 .000 .000 .000	IONTI	HLY AVERA COST PER USER 312.42 .00 .00 .00 .00 .00 .00 478.94 .00 510.69 .00 .25.67 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AGE - C E

NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	38	4,543	1,432.24	.32	29.122	37.69
@CALIF. CHILDREN SERVICES*	14	322	\$ 37,989.14 \$	117.98	2.064	\$ 2713.51 \$
@XOVER EXCLUDING STATE HOSP**	105	180	\$ 23,086.33CR \$	128.26CR	1.154	\$ 219.87CR\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR ALL BLIND

							MONTHLY AVER			GE -
03 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER	E
@TOTAL, ALL PROVIDERS	375	39,784	\$	521,786.33	\$	13.12	3261.333	\$	1391.43	\$17
@PHYSICIANS SERVICES	17	38	\$	5,219.46	\$	137.35	12.667	\$	307.03	\$
OUTPATIENT VISITS	6	6		638.45		106.41	2.000		106.41	
OFFICE VISITS	3 0	3		328.05		109.35	1.000		109.35	
HOME VISITS	0	3 0		.00		.00	.000		.00	
EMERGENCY ROOM	2	2		246.47		123.24	.667		123.24	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0 1 7		.00		.00	.000		.00	
OTHER OUTPATIENT	1	1		63.93		63.93	.333		63.93	
INPATIENT VISITS	3			639.34		91.33	2.333		213.11	
HOSPITAL VISITS	3	6 1		454.00		75.67	2.000		151.33	
CRITICAL CARE	1	1		185.34		185.34	.333		185.34	
SNF/ICF/TRANS IP CARE	0	0 2 2		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	2	2		68.90		34.45	.667		34.45	
EXAMINATIONS	2	2		68.90		34.45	.667		34.45	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	1	1		17.03		17.03	.333		17.03	
PRINCIPAL SURGEON	1	1		17.03		17.03	.333		17.03	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	2	6		3,005.65		500.94	2.000		1502.83	
PRINCIPAL SURGEON	2	6		3,005.65		500.94	2.000		1502.83	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	6 0 0		.00		.00	.000		.00	
DIALYSIS	0			.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	6	10		175.10		17.51	3.333		29.18	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	3	6		674.99		112.50	2.000		225.00	
@PHARMACY	87	1,212	\$	32,205.43	\$	26.57	404.000	\$	370.18	\$ 1
PRESCRIPTION DRUGS	81	147	·	30,103.96	•	204.79	49.000	·	371.65	1
SNF/ICF	13	16		2,766.33		172.90	5.333		212.79	
OUTPATIENTS	68	131		27,337.63		208.68	43.667		402.02	
MEDICAL SUPPLIES	14	1,065		2,101.47		1.97	355.000		150.11	
@DENTIST	58	231	\$	8,616.45	\$	37.30	77.000	\$	148.56	\$
VISITS - DIAGNOSTIC	39	151	•	2,107.30	•	13.96	50.333	•	54.03	•
ORAL SURGERY	4	22		1,703.00		77.41	7.333		425.75	

DRUGS	1	1	15.00	15.00	.333	15.00	
ANESTHESIA	1	1	100.00	100.00	.333	100.00	
PERIODONTICS	1	1	.00	.00	.333	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	14	33	886.15	26.85	11.000	63.30	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	10	18	3,805.00	211.39	6.000	380.50	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	1	1	.00	.00	.333	.00	
ALL OTHER SERVICES	2	3	.00	.00	1.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2005 THRU	DEC 2005	]
MOP024	FEE-FOR-SERVICE/DENT	TAT					

PA

----- MONTHLY AVERAGE -

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR ALL BLIND

03 ELIGIBLES	USERS	UNITS OF SERVICE	7.	EXPENDITURES	ΔW	ERAGE COST			COST PER	7011
03 11101110	COLIND	OR DAYS OF CARE				R UNIT/DAY			USER	F
@OPTOMETRIST	1	3	\$	42.85	\$	14.28	1.000			\$
DIAGNOSTIC AND ANC. PROCED	0	0	7	.00	т.	.00	.000	-	.00	7
EYE APPLIANCES	1	3		42.85		14.28	1.000		42.85	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0	·	.00		.00	.000	•	.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	1	1	\$	2.88	\$	2.88	.333	\$	2.88	\$
MEDICINE/INJECTIONS	0	0	·	.00	·	.00	.000	·	.00	•
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	1	1		2.88		2.88	.333		2.88	
@HOME HEALTH AGENCY	1	5	\$	329.57	\$	65.91	1.667	\$	329.57	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	7	34	\$	27,788.26	\$	817.30			3969.75	\$
HOSP INPATIENT TOTAL	1	4		27,216.32		6804.08	1.333		27216.32	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	1	4		27,216.32		6804.08	1.333		27216.32	
ACCOMMODATIONS	1	4		3,066.88		766.72	1.333		3066.88	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	1	4		3,066.88		766.72	1.333		3066.88	
ANCILLARIES	1	0		24,149.44		.00	.000		24149.44	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	6	30		571.94		19.06	10.000		95.32	
MEDICAL	2	2		119.48		59.74	.667		59.74	
SURGERY	1	1		18.94		18.94	.333		18.94	
PATHOLOGY	4	15		189.58		12.64	5.000		47.40	
RADIOLOGY	2	2		38.38		19.19	.667		19.19	
ROOM USE	4	6		145.78		24.30	2.000		36.45	
CROSSOVERS/ALL OTH OUTPTNT	2	4		59.78		14.95	1.333		29.89	
@COUNTY HOSPITAL TOTAL	2	5	\$	62.35	\$	12.47	1.667	\$	31.18	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	

HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	2	5	62.35	12.47	1.667	31.18	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	1	3	62.35	20.78	1.000	62.35	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	1	2	.00	.00	.667	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU	DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR	ALL BLIND					

SANTA CRUZ COUNTY

SANTA CRUZ COUNTY	SUMMARY OF SERV	LICES FOR ALL BLII	ND					
						MON	ITHLY AVERA	AGE -
03 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	5	29	\$	27,725.91	\$ 956.07		5545.18	\$
COMM HOSP INPATIENT TOTAL	1	4		27,216.32	6804.08	1.333	27216.32	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	1	4		27,216.32	.00 6804.08	1.333	27216.32	
ACCOMMODATIONS	1	4		3,066.88	766.72	1.333	3066.88	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	1	4		3,066.88	766.72	1.333	3066.88	
ANCILLARIES	1	0		24,149.44	.00	.000	24149.44	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	4	25		509.59	20.38	8.333	127.40	
MEDICAL	2	2		119.48	59.74	.667	59.74	
SURGERY	1	1		18.94		.333	18.94	
PATHOLOGY	3	12		127.23	10.60	4.000	42.41	
RADIOLOGY	2	2		38.38	19.19	.667	19.19	
ROOM USE	3	4		145.78	36.45	1.333	48.59	
CROSSOVERS/ALL OTH OUTPTNT	2	4 0		59.78	14.95	1.333	29.89	
@STATE HOSPITAL	0	0	\$	.00	\$ .00	.000	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	0	0	\$	.00	\$ .00	.000	.00	\$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$ .00	.000	.00	\$
ICF DDH	0	0		.00	.00	.000	.00	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$ .00	.000	.00	\$

HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	16	163	\$	3,018.64	Ġ	18.52	54.333	\$	188.67	\$
HOSPITAL BASED	0	0	-T	.00	7	.00	.000	-T	.00	т
INDEPENDENT FACILITY	16	163		3,018.64		18.52	54.333		188.67	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00	·	.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	109	546	\$	67,072.73	\$	122.84	182.000	\$	615.35	\$ 2
CLINIC	2	6		670.72	·	111.79	2.000		335.36	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	107	540		66,402.01		122.97	180.000		620.58	2
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITU	RES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVIC	E/DENTAL								
SANTA CRUZ COUNTY	SUMMARY OF SER	VICES FOR ALL BL	IND							
							M			GE -
03 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY		COST PER	C
		OR DAYS OF CAR					PER ELIG		USER	E
@ALL OTHER PROVIDERS	161	37,551	\$	377,490.06	\$		2517.000	\$	2344.66	\$12
DURABLE MED. EQUIP.	5	6		6,523.37		1087.23	2.000		1304.67	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	7	53		915.37		17.27			130.77	
AMBULANCES/AIR TRANS	7	52		905.49		17.41			129.36	
OTHER TRANS	0	0		.00		.00	.000		.00	
OTHER SERVICES	1	1		9.88		9.88	.333		9.88	
ACUPUNCTURE	0	0		.00		.00	.000		.00	
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00	
GENETIC DISEASE TESTING	1	1		105.00		105.00	.333		105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	86	5,439		220,555.85		40.55	1813.000		2564.60	7
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	
OPTICIAN	18	42		403.66		9.61	14.000		22.43	
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00	
PORTABLE X-RAY	0	0		.00		.00	.000		.00	
PROSTHETIST/ORTHOTISTS	1	8		1,464.50		183.06	2.667		1464.50	

PROSTHETICS	1	8	1,464.50	183.06	2.667	1464.50		
ORTHOTICS	0	0	.00	.00	.000	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00		
SPEECH AND AUDIOLOGY	2	4	222.58	55.65	1.333	111.29		
HOSPICE SERVICES	0	0	.00	.00	.000	.00		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		
LOCAL EDUCATION AGENCIES	16	8,816	16,996.44	1.93	2938.667	1062.28		
EPSDT SUPPLEMENTAL SERVICE	12	4,344	118,331.53	27.24	1448.000	9860.96	3	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		
ALL OTHER PROVIDERS	30	18,838	11,971.76	.64	6279.333	399.06		
@CALIF. CHILDREN SERVICES*	73	24,360	\$ 185,088.69	\$ 7.60	8120.000	\$ 2535.46	\$ 6	
@XOVER EXCLUDING STATE HOSP**	4	11	\$ 43.26	\$ 3.93	3.667	\$ 10.82	\$	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005
MOP024 FEE-FOR-SERVICE/DENTAL

----- MONTHLY AVERAGE -

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

1,242 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	31,616	417,583	\$	21,689,399.47		336.218 \$	686.03	\$ 1
@PHYSICIANS SERVICES	1,084	4,308	\$	243,168.14	\$ 56.45	3.469 \$	224.32	\$
OUTPATIENT VISITS	552	709		36,582.56	51.60		66.27	
OFFICE VISITS	221	268		14,234.27	53.11	.216	64.41	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	67	71		14,234.27 .00 5,805.75	81.77	.057	86.65	
PREVENTIVE CARE	1	1		61.26	61.26		61.26	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	298	369		16,481.28	44.66	.297	55.31	
INPATIENT VISITS	114	652		55,712.59	85.45	.525	488.71	
HOSPITAL VISITS	93	462		30,562.17		.372	328.63	
CRITICAL CARE	23	175		24,600.92	140.58	.141	1069.61	
SNF/ICF/TRANS IP CARE	13	15		549.50	36.63	.012	42.27	
OPHTHALMOLOGICAL SERVICES	25	35		1,476.30	42.18	.028	59.05	
EXAMINATIONS	25	35		1,476.30		.028	59.05	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY		441		34,731.69	78.76	.355	518.38	
PRINCIPAL SURGEON	43	63		23,605.45	374.69	.051	548.96	
ASSISTANT SURGEON	3	4		453.91				
ANESTHESIOLOGIST	31	374			28.54			
OUTPATIENT SURGERY	104	471		28,252.72	59.98	.379	271.66	
PRINCIPAL SURGEON	60	91		13,882.16	152.55	.073	231.37	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	51	380		14,370.56	37.82	.306	281.78	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	43	248		8,249.97	33.27	.200	191.86	
RADIOLOGY	200	399		15,558.32	38.99	.321	77.79	
PSYCHIATRY	35	41		1,696.10	41.37	.033	48.46	
IMMUNIZATION AND INJECTION	9	58		3,743.68	64.55	.047	415.96	
OTHER SERVICES/ALL X-OVERS	463	1,254		57,164.21	45.59	1.010	123.46	
@PHARMACY	15,875	109,834	\$	9,541,172.85	\$ 86.87	88.433 \$	601.02	\$
PRESCRIPTION DRUGS	15,647	38,786		9,323,545.30	240.38	31.229	595.87	
SNF/ICF	3,237	9,716		2,162,926.07	222.61	7.823	668.19	

OUTPATIENTS	12,653	29,070	7,160,619.23	246.32	23.406	565.92	
MEDICAL SUPPLIES	562	71,048	217,627.55	3.06	57.205	387.24	
@DENTIST	3,018	12,504 \$	432,808.07	\$ 34.61	10.068 \$	143.41	\$
VISITS - DIAGNOSTIC	2,187	7,840	96,204.01	12.27	6.312	43.99	
ORAL SURGERY	462	1,372	78,190.65	56.99	1.105	169.24	
DRUGS	25	28	400.00	14.29	.023	16.00	
ANESTHESIA	106	119	9,510.00	79.92	.096	89.72	
PERIODONTICS	169	176	19,911.15	113.13	.142	117.82	
ENDODONTICS	196	288	57,283.41	198.90	.232	292.26	
RESTORATIVE DENTISTRY	701	1,715	96,279.50	56.14	1.381	137.35	
PROSTHETICS	31	33	989.50	29.98	.027	31.92	
DENTURES, STAYPLATES	213	675	68,639.85	101.69	.543	322.25	
SPACE MAINTAINERS	2	4	480.00	120.00	.003	240.00	
MAXILLOFACIAL SERVICES	7	8	3,850.00	481.25	.006	550.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	9	21	995.00	47.38	.017	110.56	
ALL OTHER SERVICES	132	225	75.00	.33	.181	.57	
#CVILE DEDA VE REVIAR GEDA	MEDI-CAI CEDVICEC	אאט בעטבאטדענוסבכ	MONTULOU-DAVMENT DED	ODT TOD TAN C	של וומחת שטט ב	C 200E	DΛ

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL

MOP024

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

DANIA CROZ COUNTI	BOMMAN OF BEN	VICES FOR ALL DISP	ענונועג				ъл	$\bigcirc$ NTU	THLY AVERA	OF.
1 242 ELICIDIES	HCEDC	UNITS OF SERVICE		EXPENDITURES	7. 7.7				COST PER	
1,242 ELIGIBLES	USERS			EXPENDITURES	AVERAGE COST UNITS/DAT PER UNIT/DAY PER ELIC					C F
CODMOMPED I CE	63	OR DAYS OF CARE	<b>~</b>	2 101 21					USER	_
@OPTOMETRIST	63	163	\$	3,191.31	\$	19.58	.131	Þ	50.66	\$
DIAGNOSTIC AND ANC. PROCED	29	39		865.97		22.20	.031		29.86	
EYE APPLIANCES	46	117		2,082.19		17.80	.094		45.27	
OTHER OPTOMETRIC SERVICES	6	.7	1.	243.15		34.74	.006		40.53	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	Ş	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	53	99	\$	2,194.11	\$	22.16	.080	\$	41.40	\$
MEDICINE/INJECTIONS	1	1		57.20		57.20	.001		57.20	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	52	98		2,136.91		21.81	.079		41.09	
@HOME HEALTH AGENCY	136	11,272	\$	418,872.45	\$	37.16	9.076	\$	3079.94	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	1,151	6,345	\$	1,490,437.40	\$	234.90	5.109	\$	1294.91	\$
HOSP INPATIENT TOTAL	244	611		1,269,104.44		2077.09	.492		5201.25	
HSC HOSPITALS	87	588		1,064,385.00		1810.18	.473		12234.31	
NON-HSC HOSPITAL TOTAL	8	23		50,072.71		2177.07	.019		6259.09	
ACCOMMODATIONS	8	23		12,998.62		565.16	.019		1624.83	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	8	23		12,998.62		565.16	.019		1624.83	
ANCILLARIES	8	0		37,074.09		.00	.000		4634.26	
INPATIENT CROSSOVERS	149	0		154,646.73		.00	.000		1037.90	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	957	5,734		221,332.96		38.60	4.617		231.28	
MEDICAL	232	701		63,827.66		91.05	.564		275.12	
SURGERY	62	78		5,453.16		69.91	.063		87.95	
PATHOLOGY	269	2,049		21,797.18		10.64	1.650		81.03	
		, -		,						

RADIOLOGY	170	247	45,246.24	183.18	.199	266.15	
ROOM USE	480	669	27,559.60	41.20	.539	57.42	
CROSSOVERS/ALL OTH OUTPTNT	356	1,990	57,449.12	28.87	1.602	161.37	
@COUNTY HOSPITAL TOTAL	59	277 \$	194,575.21	\$ 702.44	.223	\$ 3297.88	\$
CO HOSPITAL INPATIENT TOTAL	15	141	189,727.64	1345.59	.114	12648.51	
HSC HOSPITALS	12	138	186,424.00	1350.90	.111	15535.33	
NON-HSC HOSPITALS TOTAL	1	3	2,149.45	716.48	.002	2149.45	
ACCOMMODATIONS	1	3	693.90	231.30	.002	693.90	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1	3	693.90	231.30	.002	693.90	
ANCILLARIES	1	0	1,455.55	.00	.000	1455.55	
INPATIENT CROSSOVERS	2	0	1,154.19	.00	.000	577.10	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	46	136	4,847.57	35.64	.110	105.38	
MEDICAL	28	39	2,115.52	54.24	.031	75.55	
SURGERY	2	3	267.18	89.06	.002	133.59	
PATHOLOGY	9	37	405.53	10.96	.030	45.06	
RADIOLOGY	5	9	734.35	81.59	.007	146.87	
ROOM USE	10	14	361.82	25.84	.011	36.18	
CROSSOVERS/ALL OTH OUTPTNT	18	34	963.17	28.33	.027	53.51	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2005 THRU I	DEC 2005	PA

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR ALL DISABLED

MOP024

SANTA CRUZ COUNTY

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						NTHLY AVERA		
1,242 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	C	
		OR DAYS OF CARE		PER UNIT/DAY		USER	E	
@COMMUNITY HOSPITAL TOTAL	1,099	6,068	\$ 1,295,862.19	\$ 213.56		\$ 1179.13	\$	
COMM HOSP INPATIENT TOTAL	230	470	1,079,376.80	2296.55		4692.94		
HSC HOSPITALS	76	450	877,961.00	1951.02	.362	11552.12		
NON-HSC HOSPITALS TOTAL	7	20	47,923.26	2396.16	.016	6846.18		
ACCOMMODATIONS	7	20	12,304.72	615.24	.016	1757.82		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		
ALL OTHER ACCOM	7	20	12,304.72	615.24	.016	1757.82		
ANCILLARIES	7	0	35,618.54	.00	.000	5088.36		
INPATIENT CROSSOVERS	147	0	153,492.54	.00	.000	1044.17		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	915	5,598	216,485.39	38.67	4.507	236.60		
MEDICAL	206	662	61,712.14	93.22	.533	299.57		
SURGERY	60	75	5,185.98	69.15	.060	86.43		
PATHOLOGY	260	2,012	21,391.65	10.63	1.620	82.28		
RADIOLOGY	165	238	44,511.89	187.02	.192	269.77		
ROOM USE	470	655	27,197.78	41.52	.527	57.87		
CROSSOVERS/ALL OTH OUTPTNT	338	1,956	56,485.95	28.88	1.575	167.12		
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$	
MENTALLY ILL	0	0	.00	.00	.000	.00		
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		
@NURSING FACILITY	53	1,448	\$ 218,571.99			\$ 4124.00	\$	
LEV A-INTERMEDIATE	1	30	2,686.20	89.54	.024	2686.20		
LEV B-REHAB MD	32	1,026	155,727.80	151.78	.826	4866.49		
LEV B-SUBACUTE FREESTANDING		0	.00	.00	.000	.00		
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		
LEV B-REGULAR	20	392	60,157.99	153.46	.316	3007.90		

@INTERMEDIATE CARE FACILDD	10	290 \$	47,400.50	\$	163.45	.233	\$	4740.05	\$
ICF DDH	10	290	47,400.50		163.45	.233		4740.05	
ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	3	3 \$	1,100.80	\$	366.93	.002	\$	366.93	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	3	3	1,100.80		366.93	.002		366.93	
@REHABILITATION FACILITY	424	6,563 \$	85,520.78	\$	13.03	5.284	\$	201.70	\$
HOSPITAL BASED	67	254	6,927.35		27.27	.205		103.39	
INDEPENDENT FACILITY	358	6,309	78,593.43		12.46	5.080		219.53	
@LABORATORY FACILITY	52	219 \$	2,373.73	\$	10.84	.176	\$	45.65	\$
PATHOLOGY	49	213	2,303.85		10.82	.171		47.02	
XO AND OTHERS	3	6	69.88		11.65	.005		23.29	
@ORGANIZED OUTPATIENT CLINIC	12,694	34,369 \$	7,700,853.84	\$	224.06	27.672	\$	606.65	\$
CLINIC	16	36	819.87		22.77	.029		51.24	
SURGICENTER	3	11	990.58		90.05	.009		330.19	
HEROIN DETOX CLINIC	1	11	139.36		12.67	.009		139.36	
RURAL HEALTH CLINIC	12,675	34,311	7,698,904.03		224.39	27.626		607.41	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2005 THRU	DEC	2005	PP

MOP024 FEE-FOR-SERVICE/DENTAL SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR ALL DISABLED

						MOI	NTHLY AVERA	AGE -
1,242 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	3,749	230,166	\$	1,501,733.50	\$ 6.52	185.319	\$ 400.57	\$
DURABLE MED. EQUIP.	188	909		171,702.69	188.89	.732	913.31	
BLOOD BANK	0	0		.00	.00	.000	.00	
HEARING AID DISPENSERS	7	16		2,692.99	168.31	.013	384.71	
MEDICAL TRANSPORTATION	54	1,401		18,906.47			350.12	
AMBULANCES/AIR TRANS	54	1,387		14,447.79	10.42	1.117	267.55	
OTHER TRANS	0	0		.00	.00		.00	
OTHER SERVICES	14	14		4,458.68	318.48	.011	318.48	
ACUPUNCTURE	9	25		410.75	16.43	.020	45.64	
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	
GENETIC DISEASE TESTING	5	5		525.00			105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	728	19,205		734,658.44		15.463		
OCCUPATIONAL THERAPIST	7	86		1,025.21	11.92	.069	146.46	
OPTICIAN	1,435	3,469		35,090.50	10.12	2.793	24.45	
PHYSICAL THERAPIST	1	9		147.04			147.04	
PORTABLE X-RAY	2	4		61.28	15.32	.003	30.64	
PROSTHETIST/ORTHOTISTS	27	118		21,934.10				
PROSTHETICS	27	118		21,934.10	185.88		812.37	
ORTHOTICS	0	0		.00	.00	.000	.00	
PSYCHOLOGIST	0	0		.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	20	56		2,253.35	40.24	.045	112.67	
HOSPICE SERVICES	0	0		.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.00		.00	
LOCAL EDUCATION AGENCIES	1,006	45,344		259,802.35	5.73	36.509	258.25	
EPSDT SUPPLEMENTAL SERVICE	25	5,842		152,401.10	26.09	4.704	6096.04	
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	
ALL OTHER PROVIDERS	389	153,677		100,122.23		123.733	257.38	
@CALIF. CHILDREN SERVICES*	2,481	211,642	\$	3,279,905.05	\$ 15.50	170.404	3 1322.01	\$
@XOVER EXCLUDING STATE HOSP**	475	7,040	\$	189,212.38	\$ 26.88	5.668	398.34	\$
@* TOTALS IN THESE LINES ARE GI	VEN AS A SEPAR	ATE INFORMATION	ITEM	ONLY;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

SANIA CRUZ COUNTI	SUMMARI OF SER	VICES FOR ADD PAMILIE	S .				
					MON'	THLY AVERAC	GE -
43,521 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	42,528	173,503 \$	15,509,636.94	\$ 89.39	3.987 \$	364.69	\$
@PHYSICIANS SERVICES	4,882	15,199 \$	1,275,126.42	\$ 83.90	.349 \$	261.19	\$
OUTPATIENT VISITS	2,696	3,845	242,797.95	63.15	.088	90.06	
OFFICE VISITS	664	765	44,383.62	58.02	.018	66.84	
HOME VISITS	2	6	182.40	30.40	.000	91.20	
EMERGENCY ROOM	1,023	1,142	72,137.81	63.17	.026	70.52	
PREVENTIVE CARE	2	2	92.22	46.11	.000	46.11	
OB VISITS/COMPRE PERI	795	1,521	109,281.44	71.85	.035	137.46	
OTHER OUTPATIENT	369	409	16,720.46	40.88	.009	45.31	
INPATIENT VISITS	666	2,359	223,901.04	94.91	.054	336.19	
HOSPITAL VISITS	606	1,381	70,513.53	51.06	.032	116.36	
CRITICAL CARE	127	978	153,387.51	156.84	.022	1207.78	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	53	68	3,224.63	47.42	.002	60.84	
EXAMINATIONS	53	68	3,224.63	47.42	.002	60.84	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	812	2,543	430,082.76	169.12	.058	529.66	
PRINCIPAL SURGEON	543	610	340,469.66	558.15	.014	627.02	
ASSISTANT SURGEON	113	113	21,850.45	193.37	.003	193.37	
ANESTHESIOLOGIST	289	1,820	67,762.65	37.23	.042	234.47	
OUTPATIENT SURGERY	351	996	76,737.20	77.05	.023	218.62	
PRINCIPAL SURGEON	278	418	57,532.50	137.64	.010	206.95	
ASSISTANT SURGEON	1	1	186.50	186.50	.000	186.50	
ANESTHESIOLOGIST	92	577	19,018.20	32.96	.013	206.72	
DIALYSIS	2	2	432.53	216.27	.000	216.27	
PATHOLOGY	395	840	11,588.97	13.80	.019	29.34	
RADIOLOGY	1,470	2,202	93,952.66	42.67	.051	63.91	
PSYCHIATRY	1	1	64.88	64.88	.000	64.88	

IMMUNIZATION AND INJECTION	43	58	1,463.17	25.23	.001	34.03	
OTHER SERVICES/ALL X-OVERS	909	2,285	190,880.63	83.54	.053	209.99	
@PHARMACY	3,741	12,763 \$	1,276,453.12	\$ 100.01	.293	\$ 341.21	\$
PRESCRIPTION DRUGS	3,547	6,825	569,828.17	83.49	.157	160.65	
SNF/ICF	6	9	2,886.69	320.74	.000	481.12	
OUTPATIENTS	3,541	6,816	566,941.48	83.18	.157	160.11	
MEDICAL SUPPLIES	406	5,938	706,624.95	119.00	.136	1740.46	
@DENTIST	10,442	52,376 \$	1,485,883.79	\$ 28.37	1.203	\$ 142.30	\$
VISITS - DIAGNOSTIC	8,393	35,896	487,901.19	13.59	.825	58.13	
ORAL SURGERY	1,146	2,531	164,366.54	64.94	.058	143.43	
DRUGS	567	613	13,917.50	22.70	.014	24.55	
ANESTHESIA	250	257	23,047.96	89.68	.006	92.19	
PERIODONTICS	250	253	27,233.10	107.64	.006	108.93	
ENDODONTICS	784	1,765	203,844.30	115.49	.041	260.01	
RESTORATIVE DENTISTRY	3,038	9,714	493,366.47	50.79	.223	162.40	
PROSTHETICS	45	52	1,340.00	25.77	.001	29.78	
DENTURES, STAYPLATES	65	214	22,226.50	103.86	.005	341.95	
SPACE MAINTAINERS	87	99	12,724.00	128.53	.002	146.25	
MAXILLOFACIAL SERVICES	12	14	1,085.25	77.52	.000	90.44	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	317	422	33,480.98	79.34	.010	105.62	
ALL OTHER SERVICES	318	546	1,350.00	2.47	.013	4.25	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2005 THRU D	EC 2005	PA

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

							M	L'NO	THLY AVERA	GE -
43,521 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	33	76	\$	1,404.70	\$	18.48	.002	\$	42.57	\$
DIAGNOSTIC AND ANC. PROCED	23	24		608.60		25.36	.001		26.46	
EYE APPLIANCES	18	47		668.97		14.23	.001		37.17	
OTHER OPTOMETRIC SERVICES	4	5		127.13		25.43	.000		31.78	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	102	422	\$	18,011.68	\$	42.68	.010	\$	176.59	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	1	32	\$	1,174.60	\$	36.71	.001	\$	1174.60	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	3,899	18,487	\$	6,358,036.81	\$	343.92	.425	\$	1630.68	\$
HOSP INPATIENT TOTAL	710	2,960		5,926,058.24		2002.05	.068		8346.56	
HSC HOSPITALS	309	1,204		2,489,878.41		2068.01	.028		8057.86	
NON-HSC HOSPITAL TOTAL	406	1,756		3,434,355.83		1955.78	.040		8459.00	
ACCOMMODATIONS	406	1,756		940,975.90		535.86	.040		2317.67	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	406	1,756		940,975.90		535.86	.040		2317.67	
ANCILLARIES	406	0		2,493,379.93		.00	.000		6141.33	
INPATIENT CROSSOVERS	2	0		1,824.00		.00	.000		912.00	

ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	3,536	15,527	431,978.57		.357	122.17	
MEDICAL	409	598		62.15		90.88	
SURGERY	286	339	16,683.43	49.21		58.33	
PATHOLOGY	1,340	5,341	58,236.43	10.90		43.46	
RADIOLOGY	751	989	97,296.44	98.38		129.56	
ROOM USE	1,830	2,397	94,983.31	39.63	.055	51.90	
CROSSOVERS/ALL OTH OUTPTNT		5,863	127,610.57			70.50	
@COUNTY HOSPITAL TOTAL	77	253 \$	102.527.52	\$ 405.25		1331.53	Ś
CO HOSPITAL INPATIENT TOTAL		72				4066.02	т
HSC HOSPITALS	22	71	93,518.46 93,147.12 371.34	1311.93		4233.96	
NON-HSC HOSPITALS TOTAL	1	1	371.34	371.34		371.34	
ACCOMMODATIONS	_ 1	1	231.30	231.30		231.30	
ADMINISTRATIVE DAYS	0	1 0	.00		.000	.00	
TRANSITIONAL IP CARE	0	0	.00		.000	.00	
ALL OTHER ACCOM	1	1	231.30		.000		
ANCILLARIES	1	0	140.04		.000	140.04	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00		.00	
CO HOSP OUTPATIENT TOTAL	58	181	9,009.06	49.77	.004	155.33	
MEDICAL	24	30	2,045.50	68.18	.001	85.23	
SURGERY	3	3	273.16	91.05	.000	91.05	
PATHOLOGY	8	14	151.01	10.79	.000	18.88	
RADIOLOGY	15	35		67.13		156.65	
ROOM USE	38	52		42.35		57.95	
CROSSOVERS/ALL OTH OUTPTNT	18	47	1,987.65	42.29	.001	110.43	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES M	ONTH-OF-PAYMENT F	REPORT FOR JAN 2	2005 THRU DE	C 2005	PA
MOP024	FEE-FOR-SERVIC	E/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SER	VICES FOR ALL FAMILIES	S				
					MON'		AGE -
43,521 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				C
		OR DAYS OF CARE		PER UNIT/DAY		USER	E
@COMMUNITY HOSPITAL TOTAL	3,823	18,234 \$	6,255,509.29	\$ 343.07		1636.28	\$
COMM HOSP INPATIENT TOTAL	687	2,888	5,832,539.78 2,396,731.29 3,433,984.49	2019.58	.066		
HSC HOSPITALS	287	1,133	2,396,731.29	2115.39		8350.98	
NON-HSC HOSPITALS TOTAL	405	1,755			.040	8478.97	
ACCOMMODATIONS	405	1 755	940 744 60	536 04	040	2322 83	

43,521 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	,	COST PER USER	C E
@COMMUNITY HOSPITAL TOTAL	3,823	18,234	\$ 6,255,509.29	\$ 343.07	.419 \$	1636.28	\$
COMM HOSP INPATIENT TOTAL	687	2,888	5,832,539.78	2019.58	.066	8489.87	
HSC HOSPITALS	287	1,133	2,396,731.29	2115.39	.026	8350.98	
NON-HSC HOSPITALS TOTAL	405	1,755	3,433,984.49	1956.69	.040	8478.97	
ACCOMMODATIONS	405	1,755	940,744.60	536.04	.040	2322.83	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	405	1,755	940,744.60	536.04	.040	2322.83	
ANCILLARIES	405	0	2,493,239.89	.00	.000	6156.15	
INPATIENT CROSSOVERS	2	0	1,824.00	.00	.000	912.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	3,478	15,346	422,969.51	27.56	.353	121.61	
MEDICAL	385	568	35,122.89	61.84	.013	91.23	
SURGERY	283	336	16,410.27	48.84	.008	57.99	
PATHOLOGY	1,332	5,327	58,085.42	10.90	.122	43.61	
RADIOLOGY	736	954	94,946.74	99.52	.022	129.00	
ROOM USE	1,792	2,345	92,781.27	39.57	.054	51.78	
CROSSOVERS/ALL OTH OUTPTNT	1,792	5,816	125,622.92	21.60	.134	70.10	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000 \$	.00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	1	8	\$ 1,894.56	\$ 236.82	.000 \$	1894.56	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	

LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	1	8		1,894.56		236.82	.000		1894.56	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	2	111	\$	3,386.74	\$	30.51	.003	\$	1693.37	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	2	111		3,386.74		30.51	.003		1693.37	
@REHABILITATION FACILITY	198	2,060	\$	33,058.60	\$	16.05	.047	\$	166.96	\$
HOSPITAL BASED	85	336		10,126.44		30.14	.008		119.13	
INDEPENDENT FACILITY	113	1,724		22,932.16		13.30	.040		202.94	
@LABORATORY FACILITY	1,317	3,958	\$	49,386.57	\$	12.48	.091	\$	37.50	\$
PATHOLOGY	1,317	3,958		49,386.57		12.48	.091		37.50	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	18,503	31,707	\$	4,613,464.11	\$	145.50	.729	\$	249.34	\$
CLINIC	439	2,172		57,603.99		26.52	.050		131.22	
SURGICENTER	2	2		118.88		59.44	.000		59.44	
HEROIN DETOX CLINIC	2	26		315.88		12.15	.001		157.94	
RURAL HEALTH CLINIC	18,068	29,507		4,555,425.36		154.38	.678		252.13	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES 1	MONTH-OF-PAYMENT RI	EPORT	' FOR JAN 2	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/D	ENTAL								

FEE-FOR-SERVICE/DENTAL SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR ALL FAMILIES

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					MON'	THLY AVERAC	GE -
43,521 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	5,747	36,304 \$	392,355.24	\$ 10.81	.834 \$	68.27	\$
DURABLE MED. EQUIP.	27	135	9,910.18	73.41	.003	367.04	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	8	16	4,649.55	290.60	.000	581.19	
MEDICAL TRANSPORTATION	133	1,836	45,882.06	24.99	.042	344.98	
AMBULANCES/AIR TRANS	130	1,789	23,232.08	12.99	.041	178.71	
OTHER TRANS	1	8	43.10	5.39	.000	43.10	
OTHER SERVICES	39	39	22,606.88	579.66	.001	579.66	
ACUPUNCTURE	16	39	692.48	17.76	.001	43.28	
ADULT DAY HEALTH CARE CTR	5	53	3,687.74	69.58	.001	737.55	
GENETIC DISEASE TESTING	298	298	31,242.00	104.84	.007	104.84	
IHMC, MODEL-NF, NF, AIDS, MSSP	9	368	10,308.36	28.01	.008	1145.37	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	1,740	3,877	34,349.78	8.86	.089	19.74	
PHYSICAL THERAPIST	1	5	90.94	18.19	.000	90.94	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	14	78	12,264.25	157.23	.002	876.02	
PROSTHETICS	14	78	12,264.25	157.23	.002	876.02	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	49	172	6,843.77	39.79	.004	139.67	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	3,457	22,143	223,367.16	10.09	.509	64.61	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	

PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	20	7,284	9,066.97	1.24	.167	453.35	
@CALIF. CHILDREN SERVICES*	2,810	29,486	\$ 3,823,212.43	\$ 129.66	.678	\$ 1360.57	\$
@XOVER EXCLUDING STATE HOSP**	4	2	\$ 1,841.13	\$ 920.57	.000	\$ 460.28	\$

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@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

SANTA CRUZ COUNTY	SUMMARY OF SER	VICES FOR ALL MEDICA	ALLY INDIGENT				
					MON		
7,169 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				C
		OR DAYS OF CARE		PER UNIT/DAY		USER	E
@TOTAL, ALL PROVIDERS	5,156	36,834 \$	1,973,267.56	\$ 53.57	5.138 \$	382.71	\$
@PHYSICIANS SERVICES	917	2,548 \$	150,038.53	\$ 58.88	.355 \$	163.62	\$
OUTPATIENT VISITS	640	775	32,484.90 18,818.37 .00	41.92 36.61	.108	50.76	
OFFICE VISITS	429	514	18,818.37	36.61	.0/2	43.87	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	191	205	10,917.68	53.26 34.69	.029	57.16	
PREVENTIVE CARE	2	2	69.38	34.69		34.69	
OB VISITS/COMPRE PERI	4	15	10,917.68 69.38 820.11 1,859.36 57,753.35	54.67	.002	205.03	
OTHER OUTPATIENT	32	39	1,859.36	47.68	. 005	58.11	
INPATIENT VISITS	99	560	57,753.35	103.13	.078	583.37	
HOSPITAL VISITS	83	316	17,511.51	55.42 166.64	.044	210.98	
CRITICAL CARE	26	241	17,511.51 40,159.34	166.64	.034	1544.59	
SNF/ICF/TRANS IP CARE	3	3	82.50	27.50	.000	27.50	
OPHTHALMOLOGICAL SERVICES	8	9	390.36	43.37 43.37	.001	48.80	
EXAMINATIONS	8	9	390.36	43.37	.001	48.80	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	30	235	15,497.16	65.95	.033	516.57	
PRINCIPAL SURGEON	23	65	10,276.60	158.10	.009	446.81	
ASSISTANT SURGEON	1	1	194.52	194.52	.000	194.52	
0TOTAL, ALL PROVIDERS 0PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY IMMUNIZATION AND INJECTION OTHER SERVICES/ALL X-OVERS	14	169	17,511.51 40,159.34 82.50 390.36 390.36 .00 15,497.16 10,276.60 194.52 5,026.04 5,283.14	29.74	.024	359.00	
OUTPATIENT SURGERY	32	87	5,283.14	60.73	.012	165.10	
PRINCIPAL SURGEON	26	34	3,627.93 .00	106.70 .00	.005	139.54	
ASSISTANT SURGEON	0	0	.00	.00		.00	
ANESTHESIOLOGIST	7	53	1,655.21	31.23	.007	236.46	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	30	66	1,701.86	25.79	.009		
RADIOLOGY	188	376	8,489.29 23.22	22.58	.052	45.16	
PSYCHIATRY	1	1	23.22	23.22	.000	23.22	
IMMUNIZATION AND INJECTION	10	16	271.10	16.94	.002	27.11	
OTHER SERVICES/ALL X-OVERS	151	423	28,144.15	66.53	.059		
@PHARMACY	1,115	8,022 \$	209,290.34				\$
PRESCRIPTION DRUGS	1,089	2,147	194,213.21	90.46	.299	178.34	
SNF/ICF	43	100	16,779.84 177,433.37	167.80	.014 .286	390.23	
OUTPATIENTS	1,046	2,047	177,433.37	86.68			
MEDICAL SUPPLIES	73	5,875	15,077.13	2.57	.820	206.54	
@DENTIST	541	2,938 \$	87,599.00				\$
VISITS - DIAGNOSTIC	445	1,939	30,432.05			68.39	
ORAL SURGERY	76	220	19,295.75 801.25	87.71	.031	253.89	
DRUGS	29	39	801.25	87.71 20.54	.005	27.63	
ANESTHESIA	28	32	2,575.00	80.4/	.004	91.96	
PERIODONTICS	2	2	167.00	83.50 95.22		83.50	
ENDODONTICS	1,115 1,089 43 1,046 73 541 445 76 29 28 2	50	4,761.00	95.22	.007	183.12	

RESTORATIVE DENTISTRY	168	582	25,933.95	44.56	.081	154.37
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	1	7	288.00	41.14	.001	288.00
SPACE MAINTAINERS	4	5	600.00	120.00	.001	150.00
MAXILLOFACIAL SERVICES	1	1	50.00	50.00	.000	50.00
FRACTURES, DISLOCATIONS	1	1	700.00	700.00	.000	700.00
ORTHODONTIC SERVICES	16	23	1,920.00	83.48	.003	120.00
ALL OTHER SERVICES	19	37	75.00	2.03	.005	3.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2005 THRU I	DEC 2005
MOP024	FEE-FOR-SERVICE/DEN	ITAL				
CANTEL COLLEGE COLLEGE	CIDAL OF CERTIFICE		ATTI THE TOTAL			

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FEE-FOR-SERVICE/DENTAL SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR ALL MEDICALLY INDIGENT

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							M	CNO.	THLY AVERA	AGE -
7,169 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV]	ERAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CA	RE		PEI	R UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	62	179	\$	3,595.93	\$	20.09	.025	\$	58.00	\$
DIAGNOSTIC AND ANC. PROCED	45	52		1,720.65		33.09	.007		38.24	
EYE APPLIANCES	45	126		1,851.28		14.69	.018		41.14	
OTHER OPTOMETRIC SERVICES	1	1		24.00		24.00	.000		24.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	27	592	\$	20,005.28	\$	33.79	.083	\$	740.94	\$
NURSE ANESTHESIST	1	70	\$	73.94	\$	1.06	.010	\$	73.94	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	5	6	\$	165.00	\$	27.50	.001	\$	33.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	572	2,330	\$	862,937.23	\$	370.36	.325	\$	1508.63	\$
HOSP INPATIENT TOTAL	53	353		745,765.38		2112.65	.049		14071.04	
HSC HOSPITALS	35	281		570,616.00		2030.66	.039		16303.31	
NON-HSC HOSPITAL TOTAL	18	72		175,149.38		2432.63	.010		9730.52	
ACCOMMODATIONS	18	72		58,183.90		808.11	.010		3232.44	

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	18	72		58,183.90	808.11	.010	3232.44	
ANCILLARIES	18	0		116,965.48	.00	.000	6498.08	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	528	1,977		117,171.85	59.27	.276	221.92	
MEDICAL	125	215		18,804.27	87.46	.030	150.43	
SURGERY	34	33		978.19	29.64	.005	28.77	
PATHOLOGY	173	744		6,706.23	9.01	.104	38.76	
RADIOLOGY	142	171		10,578.49	61.86	.024	74.50	
ROOM USE	263	305		11,708.85	38.39	.043	44.52	
CROSSOVERS/ALL OTH OUTPTNT	155	509		68,395.82			441.26	
@COUNTY HOSPITAL TOTAL	15	32	\$	2,773.38	\$ 86.67	.004	\$ 184.89	\$
CO HOSPITAL INPATIENT TOTAL	1	1		1,352.00	1352.00	.000	1352.00	
HSC HOSPITALS	1	1		1,352.00	1352.00	.000	1352.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	14	31		1,421.38	45.85	.004	101.53	
MEDICAL	8	9		514.98	57.22	.001	64.37	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	4	7		54.37	7.77	.001	13.59	
RADIOLOGY	2	4		471.43	117.86	.001	235.72	
ROOM USE	7	8		281.14	35.14	.001	40.16	
CROSSOVERS/ALL OTH OUTPTNT	2	3		99.46	33.15	.000	49.73	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITU	RES MON	TH-OF-PAYMENT RE	EPORT FOR JAN	2005 THRU	DEC 2005	PA:
MOP024	FEE-FOR-SERVICE/DENT	'AL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES	FOR ALL ME	DICALLY	' INDIGENT				
						M	ONTHLY AVERA	AGE -

					1.1014	TILL TANKY	O Li
7,169 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	557	2,298 \$	860,163.85	\$ 374.31	.321 \$	1544.28	\$
COMM HOSP INPATIENT TOTAL	52	352	744,413.38	2114.81	.049	14315.64	
HSC HOSPITALS	34	280	569,264.00	2033.09	.039	16743.06	
NON-HSC HOSPITALS TOTAL	18	72	175,149.38	2432.63	.010	9730.52	
ACCOMMODATIONS	18	72	58,183.90	808.11	.010	3232.44	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	18	72	58,183.90	808.11	.010	3232.44	
ANCILLARIES	18	0	116,965.48	.00	.000	6498.08	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	514	1,946	115,750.47	59.48	.271	225.20	
MEDICAL	117	206	18,289.29	88.78	.029	156.32	
SURGERY	34	33	978.19	29.64	.005	28.77	
PATHOLOGY	169	737	6,651.86	9.03	.103	39.36	
RADIOLOGY	140	167	10,107.06	60.52	.023	72.19	
ROOM USE	256	297	11,427.71	38.48	.041	44.64	
CROSSOVERS/ALL OTH OUTPTNT	153	506	68,296.36	134.97	.071	446.38	

- CM3 MD 110 CD TM3 T	2	0		0.0		0.0	0.00		0.0	
@STATE HOSPITAL	0	0	Ş	.00	\$	.00	.000	\$	.00	Ş
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	4
@NURSING FACILITY	11	304	Ş	45,422.06	\$	149.41	.042	Ş	4129.28	Ş
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	11	304		45,422.06		149.41	.042		4129.28	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	41	398	\$	5,656.25	\$	14.21	.056	\$	137.96	\$
HOSPITAL BASED	11	44		1,050.99		23.89	.006		95.54	
INDEPENDENT FACILITY	30	354		4,605.26		13.01	.049		153.51	
@LABORATORY FACILITY	267	518	\$	5,642.37	\$	10.89	.072	\$	21.13	\$
PATHOLOGY	267	518	'	5,642.37		10.89	.072		21.13	'
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	2,328	3,451	Ġ	531,512.47	\$	154.02	.481	\$	228.31	Ġ
CLINIC	152	215	'	7,216.25		33.56	.030		47.48	'
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	2,190	3,236		524,296.22		162.02	.451		239.40	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	•	RES M	•	. PORT			DEC		PA
MOP024	FEE-FOR-SERVICE/DEN		TCLO I		01(1	. ION OAN	2005 11110	טעכ	2000	1. 1.
			חדכאד	J.V INDIGENT						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES	S FOR ALL ME	DICAL	LY INDIGENT						

7,169 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C F
@ALL OTHER PROVIDERS	381	15,478 \$	51,329.16		2.159 \$		\$
DURABLE MED. EQUIP.	19	77	10,977.86		.011	577.78	7
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	34	812	20,497.66	25.24	.113	602.87	
AMBULANCES/AIR TRANS	28	756	9,885.05	13.08	.105	353.04	
OTHER TRANS	5	43	268.45	6.24	.006	53.69	
OTHER SERVICES	12	13	10,344.16	795.70	.002	862.01	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	33	33	3,465.00	105.00	.005	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	110	241	1,999.14	8.30	.034	18.17	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	2	2	66.28	33.14	.000	33.14	

----- MONTHLY AVERAGE -

HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	179	1,867	12,325.62	6.60	.260	68.86	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	13	12,446	1,997.60	.16	1.736	153.66	
@CALIF. CHILDREN SERVICES*	389	9,711	\$ 946,903.38	\$ 97.51	1.355	\$ 2434.20	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

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SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

SANTA CRUZ COUNTY	SUMMARY OF SERVICES	FOR RENAL D	TALYSIS			AID CODES	/ <u>1</u>			
							M		HLY AVERA	ιGE -
15 ELIGIBLES	USERS UNIT	rs of service		EXPENDITURES		RAGE COST		S	COST PER	C
	OR	DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER	E
@TOTAL, ALL PROVIDERS	5	453	\$	16,637.75	\$	36.73	30.200	\$	3327.55	\$
@PHYSICIANS SERVICES	3	4	\$	900.16	\$	225.04	.267	\$	300.05	\$
OUTPATIENT VISITS	0	0		.00		.00	.000		.00	
OFFICE VISITS	0	0		.00		.00	.000		.00	
HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	0	0		.00		.00	.000		.00	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	
INPATIENT VISITS	0	0		.00		.00	.000		.00	
HOSPITAL VISITS	0	0		.00		.00	.000		.00	
CRITICAL CARE	0	0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	3	4		900.16		225.04	.267		300.05	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00	
@PHARMACY	5	12	\$	1,712.76	\$	142.73	.800	\$	342.55	\$
PRESCRIPTION DRUGS	5	12		1,712.76		142.73	.800		342.55	
SNF/ICF	0	0		.00		.00	.000		.00	
OUTPATIENTS	5	12		1,712.76		142.73	.800		342.55	
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00	
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS - DIAGNOSTIC	0	0	•	.00	•	.00	.000	•	.00	•

ORAL SURGERY	0	0	.00	.00	.000	.00
DRUGS	0	0	.00	.00	.000	.00
ANESTHESIA	0	0	.00	.00	.000	.00
PERIODONTICS	0	0	.00	.00	.000	.00
ENDODONTICS	0	0	.00	.00	.000	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN	2005 THRU DE	C 2005

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MOP024 FEE-FOR-SERVICES AND E

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

SANTA CRUZ COUNTY	SUMMARY OF SER	RVICES FOR	RENAL D	TALYSIS		I	AID CODES	/ <u>1</u>			
										HLY AVERA	GE -
15 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00	
EYE APPLIANCES	0		0		.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00	
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0		0		.00		.00	.000		.00	
OTHER SERVICES	0		0		.00		.00	.000		.00	
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00	
SURGERY/ANES.	0		0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00	
OTHER	0		0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	1		3	\$	71.94	\$	23.98	.200	\$	71.94	\$
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00	
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
ANCILLARIES	0		0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	1		3		71.94		23.98	.200		71.94	
MEDICAL	1		1		29.84		29.84	.067		29.84	
SURGERY	0		0		.00		.00	.000		.00	
PATHOLOGY	0		0		.00		.00	.000		.00	
RADIOLOGY	0		0		.00		.00	.000		.00	
ROOM USE	1		1		34.10		34.10	.067		34.10	
CROSSOVERS/ALL OTH OUTPTNT	1		1		8.00		8.00	.067		8.00	
@COUNTY HOSPITAL TOTAL	0		0	\$	.00	\$	.00	.000	\$	.00	\$

CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR RENAL DIALYSIS AID CODES 71

					MON	THLY AVERAC	3E -
15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	1	3 \$	71.94	\$ 23.98	.200 \$	71.94	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	1	3	71.94	23.98	.200	71.94	
MEDICAL	1	1	29.84	29.84	.067	29.84	

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CROSSOVERS/ALL OTH OUTPINT	1	1		8.00		8.00	.067		8.00	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0	Ÿ	.00	۲	.00	.000	٧	.00	۲
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
	0	0								
LEV B-SUBACUTE FREESTANDING				.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	3	423	\$	13,774.01	\$	32.56	28.200	Ś	4591.34	\$
HOSPITAL BASED	0 0 0 0 0 0 3 0 0 0 0 0	0	т	.00		.00	.000	т	.00	т
HEMODIALYSIS CENTER	3	423		13,774.01		32.56	28.200		4591.34	
@REHABILITATION FACILITY	0	0	\$	.00	ċ.	.00	.000	Ċ	.00	\$
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	ې	.00	ې
HOSPITAL BASED	0	0								
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	4
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	Ş	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
			\$	.00	\$	.00	.000	\$	.00	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDIT	JRES MONT	TH-OF-PAYMENT RE	EPORT	FOR JAN	2005 THRU	DEC	2005	PΑ
	FEE-FOR-SERVIC				0111	1011 0111			2000	
		VICES FOR RENAL	DTALVSTS	g		AID CODES	71			
BINVIII CROZ COONTI	BOHHING OF BEIN	VICES FOR REIVIE	DIMEDIA	3		TID CODED	M	ידוא	HIV ZVEDZ	CF -
15 FITCIDIFC	TICEDO	UNITS OF SERVI	70	EXPENDITURES	7/17/27					C
15 ELIGIBLES	USERS	OR DAYS OF CA			AVL.	KAGE COSI	ONIIS/DAI			_
CALL OFFIED DROUTDEDG		OR DAYS OF CAL	₹ H.			TTNTT [   T ] 7 7 7 7	מחם חדדם			
				1.00	PER		PER ELIG			
@ALL OTHER PROVIDERS	1	11	\$	178.88	PER	16.26	.733		178.88	Ş
DURABLE MED. EQUIP.	1 0	11 0		178.88	PER	16.26 .00	.733		178.88 .00	Ş
DURABLE MED. EQUIP. BLOOD BANK	1 0 0	11 0 0		178.88 .00 .00	PER	16.26 .00 .00	.733 .000 .000		178.88 .00 .00	Ş
WALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	1 0 0 0	11 0 0 0		178.88 .00 .00 .00	PER	16.26 .00 .00	.733 .000 .000		178.88 .00 .00	Ş
WALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	1 0 0 0 1	11 0 0 0 11		178.88 .00 .00	PER	16.26 .00 .00	.733 .000 .000		178.88 .00 .00	Ş
WALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	1 0 0 0 1 1	11 0 0 0 11 10		178.88 .00 .00 .00	PER	16.26 .00 .00	.733 .000 .000		178.88 .00 .00	Ş
WALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	1 0 0 0 1 1	11 0 0 0 11		178.88 .00 .00 .00	PER	16.26 .00 .00 .00	.733 .000 .000 .000 .733		178.88 .00 .00 .00	<i>ት</i>
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	1 0 0 0 1 1 0	11 0 0 0 11 10 0		178.88 .00 .00 .00 178.88 169.00	PER	16.26 .00 .00 .00 16.26 16.90	.733 .000 .000 .000 .733 .667		178.88 .00 .00 .00 178.88 169.00	Ş
ACIDINICTIDE	1	11 0 0 0 11 10 0		178.88 .00 .00 .00 178.88 169.00 .00 9.88	PER	16.26 .00 .00 .00 16.26 16.90 .00 9.88	.733 .000 .000 .000 .733 .667 .000		178.88 .00 .00 .00 178.88 169.00 .00 9.88	Ş
ACIDINICTIDE	1	11 0 0 0 11 10 0 1		178.88 .00 .00 .00 178.88 169.00 .00 9.88	PER	16.26 .00 .00 .00 16.26 16.90 .00 9.88 .00	.733 .000 .000 .000 .733 .667 .000		178.88 .00 .00 .00 178.88 169.00 .00 9.88	Ş
ACIDINICTIDE	1	11 0 0 0 11 10 0 1		178.88 .00 .00 .00 178.88 169.00 .00 9.88 .00	PER	16.26 .00 .00 .00 16.26 16.90 .00 9.88 .00	.733 .000 .000 .000 .733 .667 .000 .067		178.88 .00 .00 .00 178.88 169.00 .00 9.88 .00	Ş
ACIDINICTIDE	1	11 0 0 0 11 10 0 1 0 0		178.88 .00 .00 .00 178.88 169.00 .00 9.88 .00 .00	PER	16.26 .00 .00 .00 16.26 16.90 .00 9.88 .00 .00	.733 .000 .000 .000 .733 .667 .000 .067 .000		178.88 .00 .00 .00 178.88 169.00 .00 9.88 .00 .00	CP
ACIDINICTIDE	1	11 0 0 0 11 10 0 1 0 0		178.88 .00 .00 .00 178.88 169.00 .00 9.88 .00 .00	PER	16.26 .00 .00 .00 16.26 16.90 .00 9.88 .00 .00	.733 .000 .000 .000 .733 .667 .000 .067 .000		178.88 .00 .00 .00 178.88 169.00 .00 9.88 .00 .00	CP
ACIDINICTIDE	1	11 0 0 0 11 10 0 1 0 0 0		178.88 .00 .00 .00 178.88 169.00 .00 9.88 .00 .00 .00 .00	PER	16.26 .00 .00 .00 16.26 16.90 .00 9.88 .00 .00	.733 .000 .000 .000 .733 .667 .000 .067 .000		178.88 .00 .00 .00 178.88 169.00 .00 9.88 .00 .00	CP
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	0 0 0 0 0	11 0 0 0 11 10 0 1 0 0 0 0		178.88 .00 .00 .00 178.88 169.00 .00 9.88 .00 .00 .00 .00 .00	PER	16.26 .00 .00 .00 16.26 16.90 .00 9.88 .00 .00 .00	.733 .000 .000 .000 .733 .667 .000 .067 .000 .000		178.88 .00 .00 .00 178.88 169.00 .00 9.88 .00 .00 .00	C)
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	0 0 0 0 0 0	11 0 0 0 11 10 0 1 0 0 0 0 0		178.88 .00 .00 .00 178.88 169.00 .00 9.88 .00 .00 .00 .00 .00 .00 .00	PER	16.26 .00 .00 .00 16.26 16.90 .00 9.88 .00 .00 .00	.733 .000 .000 .000 .733 .667 .000 .067 .000 .000 .000		178.88 .00 .00 .00 178.88 169.00 .00 9.88 .00 .00 .00	C)
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN	0 0 0 0 0	11 0 0 0 11 10 0 1 0 0 0 0		178.88 .00 .00 .00 178.88 169.00 .00 9.88 .00 .00 .00 .00 .00	PER	16.26 .00 .00 .00 16.26 16.90 .00 9.88 .00 .00 .00	.733 .000 .000 .000 .733 .667 .000 .067 .000 .000		178.88 .00 .00 .00 178.88 169.00 .00 9.88 .00 .00 .00	D)
ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	0 0 0 0 0 0	11 0 0 0 11 10 0 1 0 0 0 0 0		178.88 .00 .00 .00 178.88 169.00 .00 9.88 .00 .00 .00 .00 .00 .00 .00	PER	16.26 .00 .00 .00 16.26 16.90 .00 9.88 .00 .00 .00	.733 .000 .000 .000 .733 .667 .000 .067 .000 .000 .000		178.88 .00 .00 .00 178.88 169.00 .00 9.88 .00 .00 .00	D.

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SURGERY

PATHOLOGY RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPTNT

PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00	\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 P
MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

DOMINANT OF DERV	TCHO TOR	IOIAL I	TATATAT	LINAL NOTICETION	-	AID CODED	15				
							MO	TИC	HLY AVERA	GE -	
USERS	UNITS OF	SERVICE	1	EXPENDITURES					COST PER	C	
	OR DAYS	OF CARE	1		PER	UNIT/DAY	PER ELIG		USER	E	
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
0		0		.00		.00	.000		.00		
	0	OR DAYS	OR DAYS OF CARE  O	OR DAYS OF CARE  0	USERS	USERS	USERS	OR DAYS OF CARE			

SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REPORT	FOR JAN 200	5 THRU DE	C 2005	PA
MODO24	TEE TOD CEDITACE /DENIEN	T					

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73

SUMMARI OF SERV	VICES FOR	IOIAL	AKEN	LEKAL NOIKIIION	F	AID CODES	13				
							MO	ГИC	HLY AVERA	GE -	
USERS	UNITS OF	SERVICE	3	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	S	COST PER	C	
	OR DAYS	OF CARE	3		PER	UNIT/DAY	PER ELIG		USER	E	
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
. 0		0	\$	.00	\$	.00	.000	\$	.00	\$	
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
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0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
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	USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF OR DAYS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE  0	USERS UNITS OF SERVICE OR DAYS OF CARE  0 0 0 0 0 0 0 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 \$ 0 0 0 0	OR DAYS OF CARE  O	USERS UNITS OF SERVICE OR DAYS OF CARE OF CARE  0 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00	USERS	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS	USERS	USERS

PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2005 THRU DE	C 2005 PA
MOP024	FEE-FOR-SERVICE/DENTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR	TOTAL PAR	ENTERAL NUTRITION	AID CODES		
						THLY AVERAGE -
00 ELIGIBLES	USERS UNITS OF		EXPENDITURES	AVERAGE COST	,	COST PER C
	OR DAYS	OF CARE		PER UNIT/DAY		USER E
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00

						IIIII AVBICACE
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER C
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00 \$
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00

LEV B-REGULAR 0 0 .00 .00 .00	.00
@INTERMEDIATE CARE FACILDD 0 0 \$ .00 \$ .00 \$	.00 \$
ICF DDH 0 0 .00 .00 .00	.00
ICF DD 0 0 .00 .00 .00	.00
ICF DDN/DDCN 0 0 .00 .00 .00	.00
@HEMODIALYSIS TOTAL 0 0 \$ .00 \$ .00 .000 \$	.00 \$
HOSPITAL BASED 0 0 .00 .00 .00	.00
HEMODIALYSIS CENTER 0 0 .00 .00 .00	.00
@REHABILITATION FACILITY 0 0 \$ .00 \$ .00 .000 \$	.00 \$
HOSPITAL BASED 0 0 .00 .00 .00	.00
INDEPENDENT FACILITY 0 0 0 .00 .00 .00	.00
@LABORATORY FACILITY 0 0 \$ .00 \$ .00 .000 \$	.00 \$
PATHOLOGY 0 0 .00 .00 .00	.00
XO AND OTHERS 0 0 .00 .00 .00	.00
@ORGANIZED OUTPATIENT CLINIC 0 0 \$ .00 \$ .00 \$	.00 \$
CLINIC 0 0 .00 .00 .00	.00
SURGICENTER 0 0 0 .00 .00 .00	.00
HEROIN DETOX CLINIC 0 0 .00 .00 .00	.00
RURAL HEALTH CLINIC 0 0 .00 .00 .00 .00	.00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC	2005 PA
MOP024 FEE-FOR-SERVICE/DENTAL	
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR TOTAL PARENTERAL NUTRITION AID CODES 73	
MONTH	ILY AVERAGE -
	OST PER C
OR DAYS OF CARE PER UNIT/DAY PER ELIG	USER E
@ALL OTHER PROVIDERS 0 0 \$ .00 \$ .00 \$	.00 \$
DURABLE MED. EQUIP. 0 0 .00 .00 .00	.00
BLOOD BANK 0 0 .00 .00 .00	.00
HEARING AID DISPENSERS 0 0 .00 .00 .00 .00	.00
MEDICAL TRANSPORTATION 0 0 .00 .00 .00 .00	.00
AMBULANCES/AIR TRANS 0 0 .00 .00 .00 .00	.00
OTHER TRANS 0 0 .00 .00 .00	.00
OTHER SERVICES 0 0 .00 .00 .00	.00
ACUPUNCTURE 0 0 .00 .00 .00	.00
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00	.00
GENETIC DISEASE TESTING 0 0 .00 .00 .00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

DANIA CROZ COUNTI	DOMINANT OF DER	VICED FOR TRUE ADILING	AID C	.0000 31 32 30	J 1		
					MONT	THLY AVERAGE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER C	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER E	
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
@PHYSICIANS SERVICES	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	

PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	
@PHARMACY	0	0 \$	.00 \$	.00	.000 \$	.00	\$
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	0	0	.00	.00	.000	.00	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	0	0 \$	.00 \$	.00	.000 \$	.00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REPORT	FOR JAN 20	05 THRU DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTA	L					

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR IRCA ALIENS AID CODES 51 52 56 57

00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		UNITS/DAYS	COST PER	C
AODEOMEED I CE	0	OR DAYS OF CARE	Ċ.	0.0	UNIT/DAY	PER ELIG	USER	Ľ.
@OPTOMETRIST	0	0	Þ	.00	\$ .00	.000 \$		Ş
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	
@CHIROPRACTOR	0	0	Ş	.00	\$ .00	.000 \$		Ş
VISITS	0	0		.00	.00	.000	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	
@PODIATRIST	0	0	\$	.00	\$ .00	.000 \$		\$
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	
OTHER	0	0		.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$ .00	.000 \$	.00	\$
NURSE ANESTHESIST	0	0	\$	.00	\$ .00	.000 \$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$ .00	.000 \$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000 \$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$ .00	.000 \$	.00	\$
@TOTAL HOSPITAL	0	0	\$	.00	\$ .00	.000 \$	.00	\$
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	

----- MONTHLY AVERAGE -

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
	0	0					
HOSP OUTPATIENT TOTAL	Ü	<b>G</b>	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	Û	.00	.00	.000	.00	
	0	0	.00		.000		
ROOM USE	0	0		.00		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
	0	0					
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
	0	0					
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0					
ROOM USE	Ü	Ü	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	ICES AND EXPENDITURES MON	THE DAVIMENT DI	י זוגד. סרש ייסרתי	סטטב הנוטנו טבע	7 0005	PA
Oliman   Dani   Oliman   Dani	THE CITE STICKS	NOW CHADITONES AND	IU-OL-BAIMENI KI	THORI FOR UAN .	ZUUS INKU DEC	2005	PP
MOP024			In-Or-PAIMENI RI	SPORT FOR UAN	2005 THRO DEC	2 2005	PP.
MOP024	FEE-FOR-SERVIO	CE/DENTAL				2 2005	PP
	FEE-FOR-SERVIO			CODES 51 52 56	57		
MOP024 SANTA CRUZ COUNTY	FEE-FOR-SERVION SUMMARY OF SER	CE/DENTAL RVICES FOR IRCA ALIENS	AID (	CODES 51 52 56	57 MONT	THLY AVERA	.GE -
MOP024	FEE-FOR-SERVIO	CE/DENTAL RVICES FOR IRCA ALIENS UNITS OF SERVICE		CODES 51 52 56  AVERAGE COST	57 MONT UNITS/DAYS	THLY AVERA COST PER	.GE -
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES	FEE-FOR-SERVIC SUMMARY OF SEF USERS	CE/DENTAL RVICES FOR IRCA ALIENS UNITS OF SERVICE OR DAYS OF CARE	AID (	CODES 51 52 56  AVERAGE COST PER UNIT/DAY	57 MONT UNITS/DAYS PER ELIG	THLY AVERA COST PER USER	.GE - C E
MOP024 SANTA CRUZ COUNTY	FEE-FOR-SERVION SUMMARY OF SER	CE/DENTAL RVICES FOR IRCA ALIENS UNITS OF SERVICE	AID (	CODES 51 52 56  AVERAGE COST	57 MONT UNITS/DAYS	THLY AVERA COST PER	.GE -
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES	FEE-FOR-SERVIC SUMMARY OF SEF USERS	CE/DENTAL RVICES FOR IRCA ALIENS UNITS OF SERVICE OR DAYS OF CARE	AID (	CODES 51 52 56  AVERAGE COST PER UNIT/DAY	57 MONT UNITS/DAYS PER ELIG	THLY AVERA COST PER USER	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	FEE-FOR-SERVIC SUMMARY OF SEF USERS	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	AID ( EXPENDITURES .00 .00	CODES 51 52 56  AVERAGE COST PER UNIT/DAY \$ .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000	THLY AVERA COST PER USER .00 .00	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	FEE-FOR-SERVIC SUMMARY OF SEF USERS	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	AID (EXPENDITURES .00 .00 .00	CODES 51 52 56  AVERAGE COST PER UNIT/DAY \$ .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000	THLY AVERA COST PER USER .00 .00	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	FEE-FOR-SERVIC SUMMARY OF SEF USERS	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	AID ( EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000	THLY AVERA COST PER USER .00 .00 .00	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	FEE-FOR-SERVIC SUMMARY OF SEF USERS	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	AID ( EXPENDITURES .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000	THLY AVERA COST PER USER .00 .00 .00 .00	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVIC SUMMARY OF SEF USERS	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	AID ( EXPENDITURES  .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	THLY AVERA COST PER USER .00 .00 .00 .00 .00	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVIC SUMMARY OF SEF USERS	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	AID ( EXPENDITURES .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000	THLY AVERA COST PER USER .00 .00 .00 .00	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	FEE-FOR-SERVIC SUMMARY OF SEF USERS	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	AID ( EXPENDITURES  .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000	THLY AVERA COST PER USER .00 .00 .00 .00 .00	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	FEE-FOR-SERVIC SUMMARY OF SEF USERS	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	AID ( EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	FEE-FOR-SERVIC SUMMARY OF SEF USERS	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	AID ( EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	FEE-FOR-SERVIC SUMMARY OF SEF USERS	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	AID ( EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVIC SUMMARY OF SEF USERS	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0	AID ( EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVIC SUMMARY OF SEE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID ( EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	FEE-FOR-SERVIC SUMMARY OF SEF USERS	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID ( EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	FEE-FOR-SERVIC SUMMARY OF SEE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID ( EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	FEE-FOR-SERVIC SUMMARY OF SEE USERS 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID ( EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	FEE-FOR-SERVIC SUMMARY OF SEE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID ( EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	FEE-FOR-SERVIC SUMMARY OF SEE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID ( EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	FEE-FOR-SERVICE SUMMARY OF SERVICE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID ( EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SEE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID ( EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C F \$
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID ( EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.GE - C E
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SEE  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID ( EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C F \$
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	FEE-FOR-SERVICE SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID ( EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C F \$
MOP024 SANTA CRUZ COUNTY  00 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	FEE-FOR-SERVICE SUMMARY OF SER  USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CE/DENTAL RVICES FOR IRCA ALIENS  UNITS OF SERVICE OR DAYS OF CARE  0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AID (  EXPENDITURES  .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$ .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	57 MONT UNITS/DAYS PER ELIG .000 \$ .000 .000 .000 .000 .000 .000 .0	THLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE - C F \$

LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	
@INTERMEDIATE CARE FACILDD	0	0 \$	.00 \$	.00	.000 \$	.00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0 \$	.00 \$	.00	.000 \$	.00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	0	0 \$	.00 \$	.00	.000 \$		\$
PATHOLOGY	0	0	.00	.00	.000	.00	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00 \$	.00	.000 \$		\$
CLINIC	0	0	.00	.00	.000	.00	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTAI		TH-OF-PAYMENT REPOR	T FOR JAN :	2005 THRU DE	IC 2005	PA
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FO		AID CODE	S 51 52 56	57		
					MON	THLY AVERA	AGE -
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES AV	ERAGE COST	UNITS/DAYS	COST PER	C
	OR DA	AYS OF CARE		R UNIT/DAY		USER	E
@ALL OTHER PROVIDERS	0	0 \$	.00 \$	.00	.000 \$	.00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
	Λ	0	0.0	0.0	0.00	0.0	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$		\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	

RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

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SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

					MONTHLY AVERAGE -			
3,350 ELIGIBLES US		UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	
@TOTAL, ALL PROVIDERS	1,514	9,583 \$	1,876,345.87	\$ 195.80	2.861 \$	1239.33	\$	
@PHYSICIANS SERVICES	741	2,243 \$	159,289.44	\$ 71.02	.670 \$	214.97	\$	
OUTPATIENT VISITS	373	628	44,995.24	71.65	.187	120.63		
OFFICE VISITS	34	38	1,901.82	50.05	.011	55.94		
HOME VISITS	0	0	.00	.00	.000	.00		
EMERGENCY ROOM	168	199	14,192.33	71.32	.059	84.48		
PREVENTIVE CARE	0	0	.00	.00	.000	.00		
OB VISITS/COMPRE PERI	198	383	28,675.89	74.87	.114	144.83		
OTHER OUTPATIENT	5	8	225.20	28.15	.002	45.04		
INPATIENT VISITS	99	317	20,439.69	64.48	.095	206.46		
HOSPITAL VISITS	93	225	9,730.00	43.24	.067	104.62		
CRITICAL CARE	13	92	10,709.69	116.41	.027	823.82		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		
INPATIENT HOSPITAL SURGERY	113	309	61,760.29	199.87	.092	546.55		
PRINCIPAL SURGEON	88	90	51,678.60	574.21	.027	587.26		
ASSISTANT SURGEON	9	9	1,678.50	186.50	.003	186.50		
ANESTHESIOLOGIST	36	210	8,403.19	40.02	.063	233.42		
OUTPATIENT SURGERY	53	103	4,264.94	41.41	.031	80.47		
PRINCIPAL SURGEON	47	74	3,346.03	45.22	.022	71.19		

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	7	29	918.91	31.69	.009	131.27	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	63	244	1,798.18	7.37	.073	28.54	
RADIOLOGY	309	500	21,257.91	42.52	.149	68.80	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	5	5	527.80	105.56	.001	105.56	
OTHER SERVICES/ALL X-OVERS	75	137	4,245.39	30.99	.041	56.61	
@PHARMACY	430	987 \$	30,088.99 \$	30.49	.295 \$	69.97	\$
PRESCRIPTION DRUGS	414	898	23,518.78	26.19	.268	56.81	
SNF/ICF	7	22	485.01	22.05	.007	69.29	
OUTPATIENTS	407	876	23,033.77	26.29	.261	56.59	
MEDICAL SUPPLIES	43	89	6,570.21	73.82	.027	152.80	
@DENTIST	4	7 \$	28.00 \$	4.00	.002 \$	7.00	\$
VISITS - DIAGNOSTIC	3	6	28.00	4.67	.002	9.33	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	1	1	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPOR	r for Jan	2005 THRU DE	C 2005	PA

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

3,350 ELIGIBLES USERS UNITS OF SERVICE **EXPENDITURES** AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E .00 @OPTOMETRIST 0 0 .00 .000 \$ .00 \$ DIAGNOSTIC AND ANC. PROCED .00 .000 .00 0 .00 EYE APPLIANCES .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 0 .00 .00 @CHIROPRACTOR \$ .00 .000 0 VISITS .00 .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 @PODIATRIST .00 .00 .000 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 SURGERY/ANES. 0 .00 .00 .000 .00 RADIO./PATHOLOGY .00 .00 .000 .00 OTHER 0 .00 .00 .000 .00 1,304.61 @HOME HEALTH AGENCY 16 24 54.36 .007 81.54 NURSE ANESTHESIST 0 .00 .00 .000 .00 .00 .000 NURSE MIDWIFE 0 .00 .00 \$ PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 .00 FAMILY NURSE PRACTITIONER 0 0 .00 .00 .000 .00 @TOTAL HOSPITAL 526 3,058 1,457,254.77 476.54 .913 2770.45 HOSP INPATIENT TOTAL 124 640 1,397,424.45 2183.48 .191 11269.55 HSC HOSPITALS 36 206 319,514.36 1551.04 .061 8875.40 NON-HSC HOSPITAL TOTAL 434 1,077,910.09 2483.66 .130 12248.98

----- MONTHLY AVERAGE

ACCOMMODATIONS	88	434	278,081.43	640.74	.130	3160.02	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	88	434	278,081.43	640.74	.130	3160.02	
ANCILLARIES	88	0	799,828.66	.00	.000	9088.96	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	464	2,418	59,830.32	24.74	.722	128.94	
MEDICAL	48	75	1,879.21	25.06	.022	39.15	
SURGERY	58	69	3,212.81	46.56	.021	55.39	
PATHOLOGY	234	838	9,897.88	11.81	.250	42.30	
RADIOLOGY	145	188	12,992.28	69.11	.056	89.60	
ROOM USE	244	367	14,646.57	39.91	.110	60.03	
CROSSOVERS/ALL OTH OUTPTNT	257	881	17,201.57	19.53	.263	66.93	
@COUNTY HOSPITAL TOTAL	4	18 \$	819.02 \$	45.50	.005 \$	204.76	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	4	18	819.02	45.50	.005	204.76	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	3	4	18.98	4.75	.001	6.33	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	2	7	238.70	34.10	.002	119.35	
CROSSOVERS/ALL OTH OUTPTNT		7	561.34	80.19	.002	280.67	
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REPORT	T FOR JAN 20	05 THRU DE	C 2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL						

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

DIMITI CHOL COUNTY	DOINGER OF DEEK	VICES ION HIL/HIN HELEN	WIIIOOI DID 111D (	JODE 33 30 31			
					MC	NTHLY AVERA	GE -
3,350 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	523	3,040 \$	1,456,435.75	\$ 479.09	.907	\$ 2784.77	\$
COMM HOSP INPATIENT TOTAL	124	640	1,397,424.45	2183.48	.191	11269.55	
HSC HOSPITALS	36	206	319,514.36	1551.04	.061	8875.40	
NON-HSC HOSPITALS TOTAL	88	434	1,077,910.09	2483.66	.130	12248.98	
ACCOMMODATIONS	88	434	278,081.43	640.74	.130	3160.02	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	88	434	278,081.43	640.74	.130	3160.02	
ANCILLARIES	88	0	799,828.66	.00	.000	9088.96	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	461	2,400	59,011.30	24.59	.716	128.01	
MEDICAL	48	75	1,879.21	25.06	.022	39.15	
SURGERY	58	69	3,212.81	46.56	.021	55.39	
PATHOLOGY	231	834	9,878.90	11.85	.249	42.77	
RADIOLOGY	145	188	12,992.28	69.11	.056	89.60	
ROOM USE	242	360	14,407.87	40.02	.107	59.54	

CROSSOVERS/ALL OTH OUTPTNT	255	874	4.	16,640.23	4.	19.04	.261	4.	65.26	4.
@STATE HOSPITAL	0	0	Ş	.00	Ş	.00	.000	Ş	.00	Ş
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	5	112	\$	15,227.36	\$	135.96	.033	\$	3045.47	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	5	112		15,227.36		135.96	.033		3045.47	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	4	7	\$	1,914.03	\$	273.43	.002	\$	478.51	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	4	7		1,914.03		273.43	.002		478.51	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	324	955	\$	10,970.02	\$	11.49	.285	\$	33.86	\$
PATHOLOGY	324	955		10,970.02		11.49	.285		33.86	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	388	1,938	\$	185,664.71	\$	95.80	.579	\$	478.52	\$
CLINIC	108	600		14,082.20		23.47	.179		130.39	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	283	1,338		171,582.51		128.24	.399		606.30	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES M		EPORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DEN	TAL								
SANTA CRUZ COUNTY	SUMMARY OF SERVICES		ALIEN	WITHOUT SIS AID	CODE	55 58 5F				
		•					N	IONT	HLY AVERA	GE -

3,350 ELIGIBLES USERS EXPENDITURES UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG .075 \$ @ALL OTHER PROVIDERS 252 57.95 189.66 \$ 14,603.94 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 BLOOD BANK 0 0 .00 .00 .000 .00 HEARING AID DISPENSERS .000 Ω Ω .00 .00 .00 2,285.05 11.54 .059 MEDICAL TRANSPORTATION 198 87.89 AMBULANCES/AIR TRANS 2,265.29 26 196 11.56 .059 87.13 OTHER TRANS Ω 0 .00 .00 .000 .00 OTHER SERVICES 2 19.76 9.88 .001 9.88 ACUPUNCTURE .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 5,145.00 GENETIC DISEASE TESTING 49 105.00 .015 105.00 49 0 .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST .00 .00 .000 .00 0 OPTICIAN .00 .00 .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00

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PROSTHETIST/ORTHOTISTS

PROSTHETICS

ORTHOTICS

**PSYCHOLOGIST** 

SPEECH AND AUDIOLOGY	1	1		110.76		110.76	.000		110.76	
HOSPICE SERVICES	0	0		.00		.00	.000		.00	
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00	
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00	
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00	
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00	
@CALIF. CHILDREN SERVICES*	32	126	\$	31,568.57	\$	250.54	.038	\$	986.52	\$
@XOVER EXCLUDING STATE HOSP**	7	19	\$	2,152.31	\$	113.28	.006	\$	307.47	\$
RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES*	0 0 0 0 32 7		\$ <del>7</del> \$\fo	.00 .00 .00 31,568.57	₩.	.00 .00 .00 250.54	.000 .000 .000	\$ \$	.00 .00 .00 986.52	\$\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR REFUGEES AID CODES 01 02 08 0A ----- MONTHLY AVERAGE AVERAGE COST UNITS/DAYS COST PER 00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @TOTAL, ALL PROVIDERS .00 \$ .00 .000 \$ .00 \$ @PHYSICIANS SERVICES .00 .000 \$ 0 .00 .00 OUTPATIENT VISITS .00 .00 .000 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .000 HOME VISITS .00 .00 .000 EMERGENCY ROOM .00 .00 .00 .000 PREVENTIVE CARE .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .000 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 **EXAMINATIONS** .00 .00 .000 . 00 SERVICES AND MATERIALS .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .000 .00 .00 .00 OUTPATIENT SURGERY .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .000 DIALYSIS .00 . 00 .00 .00 .000 .00 PATHOLOGY .00 .00 .000 RADIOLOGY .00 .00 .000 **PSYCHIATRY** .00 .00 IMMUNIZATION AND INJECTION .00 .00 .000 .00 OTHER SERVICES/ALL X-OVERS .00 .000 .00 .00 @PHARMACY .00 .00 .000 .00 PRESCRIPTION DRUGS .00 .00 .000 .00 .00 .00 .000 .00 SNF/ICF .000 OUTPATIENTS .00 .00 .00 MEDICAL SUPPLIES .00 .00 .000 .00 @DENTIST \$ .00 .00 .000 \$ .00 \$

VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2005 THRU DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL						
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR	REFUGEES	AID C	ODES 01 02 08	0A		
					MONT	HLY AVERAGE	3 -
00 ELIGIBLES	USERS UNITS C	F SERVICE	EXPENDITURES	AVERAGE COST		COST PER	C
	OR DAY	S OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00 \$	5
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00 \$	5
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$	.00 \$	5
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	
GIIDGEDII / ANDG	^	•	0.0	0.0	0.00	0.0	

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SURGERY/ANES.

OTHER

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

@TOTAL HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00	Ş
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
	0	0					
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	¢
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	۲
	0	0					
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
	0	0					
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	
		ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	005 THRU DEC	2005	PΑ
MOP024	FEE-FOR-SERVICE						
SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR REFUGEES	AID C	ODES 01 02 08			
					MONT	HLY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	'
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
	0	0					
ACCOMMODATIONS			.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	

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FAMILY NURSE PRACTITIONER

@TOTAL HOSPITAL

MEDICAL	0	0	.00		.00	.000		.00	
SURGERY	0	0	.00		.00	.000		.00	
PATHOLOGY	0	0	.00		.00	.000		.00	
RADIOLOGY	0	0	.00		.00	.000		.00	
ROOM USE	0	0	.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00		.00	.000		.00	
@STATE HOSPITAL	0	0 \$	.00	\$	.00		\$	.00	\$
MENTALLY ILL	0	0	.00	۲	.00	.000	٣	.00	۲
DEVELOP. DISABLED	0	0	.00		.00	.000		.00	
@NURSING FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
	0	0 5		ې	.00		Ą		ې
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0	.00		.00	.000		.00	
	0	0						.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	
LEV B-REGULAR	0	0	.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	.00		.00	.000		.00	
ICF DD	0	0	.00		.00	.000		.00	
ICF DDN/DDCN	0	0	.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	.00	·	.00	.000		.00	·
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00	
@LABORATORY FACILITY	0	0 \$	.00	\$	.00		\$	.00	\$
PATHOLOGY	0	0	.00		.00	.000	т	.00	т
XO AND OTHERS	0	0	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00		.00	.000	Ċ	.00	\$
CLINIC CLINIC	0	0	.00	۲	.00	.000	Y	.00	۲
SURGICENTER	0	0	.00		.00	.000		.00	
	0	0	.00		.00				
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00	
RURAL HEALTH CLINIC	•	•				.000	חחמ	.00	D.7
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN 2	1005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE		3.75	GODEG	01 00 00	0.7			
SANTA CRUZ COUNTY	SUMMARY OF SERV	VICES FOR REFUGEES	AID	CODES	01 02 08				~-
						M			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		RAGE COST				C
		OR DAYS OF CARE			UNIT/DAY			USER	E
@ALL OTHER PROVIDERS	0	0 \$	.00	•	.00	.000	\$	.00	\$
DURABLE MED. EQUIP.	0	0	.00		.00	.000		.00	
BLOOD BANK	0	0	.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0	.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0	0	.00		.00	.000		.00	
AMBULANCES/AIR TRANS	0	0	.00		.00	.000		.00	
OTHER TRANS	0	0	.00		.00	.000		.00	
OTHER SERVICES	0	0	.00		.00	.000		.00	
ACUPUNCTURE	0	0	.00		.00	.000		.00	
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000		.00	
GENETIC DISEASE TESTING	0	0	.00		.00	.000		.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000		.00	
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000		.00	
OPTICIAN	0	0	.00		.00	.000		.00	
PHYSICAL THERAPIST	0	0	.00		.00	.000		.00	
	ŭ	· ·	.00						

PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00 \$	
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000	\$ .00 \$	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL AID CODES OM ON OP

		MONTHI						
12 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	98	1,845	\$	98,391.58		153.750 \$	1004.00	\$
@PHYSICIANS SERVICES	10	42	\$	2,830.23	\$ 67.39	3.500 \$	283.02	\$
OUTPATIENT VISITS	5	13		379.84		1.083		·
OFFICE VISITS	2	2		114.40	57.20	.167	57.20	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	0	0		.00	.00	.000	.00	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	3	11		265.44	24.13	.917	88.48	
INPATIENT VISITS	0	0		.00	.00	.000	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	2	2		1,491.06	745.53	.167	745.53	
PRINCIPAL SURGEON	2	2		1,491.06	745.53	.167	745.53	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	1	17		301.50	17.74	1.417	301.50	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	1	17		301.50	17.74	1.417	301.50	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	1	1		29.61	29.61	.083	29.61	
RADIOLOGY	3	7		525.41	75.06	.583	175.14	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	2	2		102.81	51.41	.167	51.41	
@PHARMACY	4	8	\$	405.77	\$ 50.72	.667 \$	101.44	\$

PRESCRIPTION DRUGS	4	8	405.77	50.72	.667	101.44	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	4	8	405.77	50.72	.667	101.44	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	17	71 \$	3,670.25	\$ 51.69	5.917	\$ 215.90	\$
VISITS - DIAGNOSTIC	14	48	784.25	16.34	4.000	56.02	
ORAL SURGERY	4	13	2,005.00	154.23	1.083	501.25	
DRUGS	1	1	15.00	15.00	.083	15.00	
ANESTHESIA	4	4	300.00	75.00	.333	75.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	1	1	330.00	330.00	.083	330.00	
RESTORATIVE DENTISTRY	2	2	96.00	48.00	.167	48.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	1	1	140.00	140.00	.083	140.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	1	1	.00	.00	.083	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES .	AND EXPENDITURES	MONTH-OF-PAYMENT REI	PORT FOR JAN	2005 THRU	DEC 2005	PA

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR BCCTP-FEDERAL

AID CODES OM ON OP

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								Mo			GE -	
12 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		RAGE COST	UNITS/DAY:	S	COST PER	C	
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER	E	
@OPTOMETRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		
EYE APPLIANCES	0		0		.00		.00	.000		.00		
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		
@CHIROPRACTOR	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
VISITS	0		0		.00		.00	.000		.00		
OTHER SERVICES	0		0		.00		.00	.000		.00		
@PODIATRIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		
SURGERY/ANES.	0		0		.00		.00	.000		.00		
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		
OTHER	0		0		.00		.00	.000		.00		
@HOME HEALTH AGENCY	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE ANESTHESIST	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
NURSE MIDWIFE	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
PEDIATRIC NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
FAMILY NURSE PRACTITIONER	0		0	\$	.00	\$	.00	.000	\$	.00	\$	
@TOTAL HOSPITAL	10	1	,574	\$	63,789.97	\$	40.53	131.167	\$	6379.00	\$	
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		
HSC HOSPITALS	0		0		.00		.00	.000		.00		
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		
ACCOMMODATIONS	0		0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		
ANCILLARIES	0		0		.00		.00	.000		.00		
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		
HOSP OUTPATIENT TOTAL	10	1	,574		63,789.97		40.53	131.167		6379.00		
MEDICAL	6		30		1,047.59		34.92	2.500		174.60		

SURGERY	3	3	258.19	86.06	.250	86.06	
PATHOLOGY	5	25	325.89	13.04	2.083	65.18	
RADIOLOGY	3	4	931.14	232.79	.333	310.38	
ROOM USE	7	15	664.34	44.29	1.250	94.91	
CROSSOVERS/ALL OTH OUTPTNT	8	1,497	60,562.82	40.46	124.750	7570.35	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV		AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2005 THRU DE	C 2005	PA
MOP024	FEE-FOR-SERVICE/DE	INTAL					
SANTA CRUZ COUNTY	SUMMARY OF SERVICE	S FOR BCCTP-FEDERAL	AI	D CODES OM ON	0 P		
						THLY AVERA	ΔGE -
12 ELIGIBLES	USERS UN	IITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	C
	C	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	10	1,574 \$	63,789.97	\$ 40.53	131.167 \$		\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	

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NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ACCOMMODATIONS

ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	10	1,574		63,789.97		40.53	131.167		6379.00	
MEDICAL	6	30		1,047.59		34.92	2.500		174.60	
SURGERY	3	3		258.19		86.06	.250		86.06	
PATHOLOGY	5 3	25		325.89		13.04	2.083		65.18	
RADIOLOGY	3	4		931.14		232.79	.333		310.38	
ROOM USE	7	15		664.34		44.29	1.250		94.91	
CROSSOVERS/ALL OTH OUTPTNT	8	1,497		60,562.82		40.46	124.750		7570.35	
@STATE HOSPITAL	0	, 0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0	'	.00		.00	.000	'	.00	'
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0	т	.00	т	.00	.000	т	.00	т
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	Ġ	.00	.000	Ġ	.00	\$
ICF DDH	0	0	Ą	.00	Y	.00	.000	Y	.00	ų
ICF DD	0	0		.00		.00	.000		.00	
ICF DD/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	Ą	.00	ې	.00	.000	Ą	.00	Ą
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	ė.	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	ş	.00	Ą	.00	.000	Ą		Ą
	0	0							.00	
INDEPENDENT FACILITY	1	4	Ċ	.00	Ċ.	.00	.000	4	.00	4
@LABORATORY FACILITY	1	-	\$	81.71	\$	20.43	.333	\$	81.71	\$
PATHOLOGY	0	4		81.71		20.43	.333		81.71	
XO AND OTHERS	-	0	Å	.00	4	.00	.000	4	.00	4
@ORGANIZED OUTPATIENT CLINIC	53 0	118	\$	27,290.50	\$	231.28	9.833	\$	514.92	\$
CLINIC	•	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	53	118		27,290.50		231.28	9.833	~	514.92	
#CALIF DEPT OF HEALTH SERV		ICES AND EXPENDIT	URES MONI	I'H-OF'-PAYMEN'I' R	EPORT	' FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVI	•		_	~-					
SANTA CRUZ COUNTY	SUMMARY OF SE	RVICES FOR BCCTP	-FEDERAL	A	ID CC	DES OM ON				
40			~=						HLY AVERA	
12 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAY			C
		OR DAYS OF CA				,	PER ELIC		USER	E
@ALL OTHER PROVIDERS	14	28	\$	323.15	\$	11.54	2.333	\$	23.08	\$
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	
BLOOD BANK	0	0		.00		.00	.000		.00	

					MON.	LHLY AVERAGE	-
12 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER (	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER I	E
@ALL OTHER PROVIDERS	14	28 \$	323.15	\$ 11.54	2.333 \$	23.08 \$	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	

GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	14	28	323.15	11.54	2.333	23.08	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00 \$	
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

BINIII CROZ COCKII	DOINING OF DERCO	TODO TON DOCTE	011111	011111	CODED OIL OF CO	0.0		
						MOI	NTHLY AVERA	4GE -
24 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CA	RE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	21	77	\$	22,613.28	\$ 293.68	3.208	\$ 1076.82	\$
@PHYSICIANS SERVICES	5	17	\$	1,818.67	\$ 106.98	.708	\$ 363.73	\$
OUTPATIENT VISITS	2	2		168.56	84.28	.083	84.28	
OFFICE VISITS	0	0		.00	.00	.000	.00	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	1	1		108.08	108.08	.042	108.08	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	1	1		60.48	60.48	.042	60.48	
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	
INPATIENT VISITS	2	6		243.89	40.65	.250	121.95	
HOSPITAL VISITS	2	6		243.89	40.65	.250	121.95	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	2	2		1,182.73	591.37	.083	591.37	
PRINCIPAL SURGEON	1	1		1,088.56	1088.56	.042	1088.56	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	1	1		94.17	94.17	.042	94.17	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	3	6	211.19	35.2	0 .250	70.40	1
PSYCHIATRY	0	0	.00	. (	.000		
IMMUNIZATION AND INJECTION	0	0	.00	. (	.000	.00	
OTHER SERVICES/ALL X-OVERS	1	1	12.30	12.3	0 .042	12.30	
@PHARMACY	16	32 \$	3,348.51	\$ 104.6	1.333	\$ 209.28	\$
PRESCRIPTION DRUGS	16	32	3,348.51	104.6	1.333	209.28	
SNF/ICF	0	0	.00	. (	.000	.00	
OUTPATIENTS	16	32	3,348.51	104.6	1.333	209.28	
MEDICAL SUPPLIES	0	0	.00	. (	.000	.00	
@DENTIST	0	0 \$	.00	\$ .(	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	. (	.000	.00	
ORAL SURGERY	0	0	.00	. (	.000	.00	
DRUGS	0	0	.00	. (	.000	.00	
ANESTHESIA	0	0	.00	. (	.000	.00	
PERIODONTICS	0	0	.00	. (	.000	.00	
ENDODONTICS	0	0	.00	. (	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	. (	.000	.00	
PROSTHETICS	0	0	.00	. (	.000	.00	
DENTURES, STAYPLATES	0	0	.00	. (	.000	.00	
SPACE MAINTAINERS	0	0	.00	. (	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	. (	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	. (	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	. (	.000	.00	
ALL OTHER SERVICES	0	0	.00	. (	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-PAYMENT R	EPORT FOR 3	AN 2005 THRU	DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTA	$^{ m L}$					

SUMMARY OF SERVICES FOR BCCTP-STATE-ONLY AID CODES OR OT OU OV

SANTA CRUZ COUNTY

----- MONTHLY AVERAGE 24 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @OPTOMETRIST 0 .00 .000 \$ .00 .00 DIAGNOSTIC AND ANC. PROCED .00 .00 .000 .00 EYE APPLIANCES .00 .00 .000 .00 0 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 @CHIROPRACTOR .00 .00 .000 .00 VISITS .00 .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 @PODIATRIST .00 .00 .000 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 SURGERY/ANES. .00 .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 OTHER .00 .00 .000 .00 @HOME HEALTH AGENCY .00 .00 .000 .00 .00 NURSE ANESTHESIST .00 .000 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 @TOTAL HOSPITAL 16,914.47 735.41 .958 1879.39 HOSP INPATIENT TOTAL 8 16,540.08 2067.51 .333 8270.04 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL 16,540.08 8 2067.51 .333 8270.04 ACCOMMODATIONS 524.82 .333 2099.28 4,198.56 ADMINISTRATIVE DAYS .00 .00 .000 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM 4,198.56 524.82 .333 2099.28

ANCILLARIES	2	0		12,341.52		.00	.000	6170.7	6
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.0	0
ALL OTHER INPATIENT	0	0		.00		.00	.000	. 0	
HOSP OUTPATIENT TOTAL	8	15		374.39		24.96	.625	46.8	
MEDICAL	0	0		.00		.00	.000	.0	
	0	0							
SURGERY	0			.00		.00	.000	. 0	
PATHOLOGY	5	11		121.94		11.09	.458	24.3	
RADIOLOGY	3	3		209.42		69.81	.125	69.8	
ROOM USE	0	0		.00		.00	.000	.0	0
CROSSOVERS/ALL OTH OUTPTNT	1	1		43.03		43.03	.042	43.0	3
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000		
CO HOSPITAL INPATIENT TOTAL	0	0	т	.00	т	.00	.000	.0	
HSC HOSPITALS	0	0		.00		.00	.000	.0	
	0	0							
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000	.0	
ACCOMMODATIONS	0	O		.00		.00	.000	.0	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.0	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.0	0
ALL OTHER ACCOM	0	0		.00		.00	.000	.0	0
ANCILLARIES	0	0		.00		.00	.000	. 0	
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.0	
ALL OTHER INPATIENT	0	0						.0	
	0	0		.00		.00	.000		
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	. 0	
MEDICAL	0	0		.00		.00	.000	. 0	0
SURGERY	0	0		.00		.00	.000	.0	0
PATHOLOGY	0	0		.00		.00	.000	.0	0
RADIOLOGY	0	0		.00		.00	.000	.0	0
ROOM USE	0	0		.00		.00	.000	.0	
ROOM OBE	0	O							
CDCCCVEDC/XII OTH CHTDTMT	Λ	<b>^</b>		0.0		0.0	$\cap \cap \cap$	Λ	Λ
CROSSOVERS/ALL OTH OUTPTNT		TEC AND EXPENDING	DEC MONITII O	.00	EDOD	.00	.000	.0	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MONTH-O		EPORT				0 ₽₽
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITU C/DENTAL		F-PAYMENT R		r for Jan 2	2005 THRU I		
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITU		F-PAYMENT R			2005 THRU 1 0V	DEC 2005	PA
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITU C/DENTAL	STATE-ONLY	F-PAYMENT R AID	CODES	FOR JAN 2	2005 THRU 1 0V M0	DEC 2005 ONTHLY AVE	PA
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITU C/DENTAL	STATE-ONLY	F-PAYMENT R	CODES	FOR JAN 2	2005 THRU 1 0V M0	DEC 2005 ONTHLY AVE	PA RAGE -
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	CES AND EXPENDITU C/DENTAL VICES FOR BCCTP-	STATE-ONLY	F-PAYMENT R AID	CODES AVI	F FOR JAN : S OR OT OU ERAGE COST	2005 THRU 1 0V M UNITS/DAY:	DEC 2005 ONTHLY AVE	PA RAGE -
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY 24 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITU DENTAL CICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR	STATE-ONLY E EX:	F-PAYMENT R AID PENDITURES	CODES AVI PEI	FOR JAN : OR OT OU ERAGE COST R UNIT/DAY	0V Mo UNITS/DAYS PER ELIG	DEC 2005 ONTHLY AVE S COST PE USER	PA RAGE - R C E
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITU DENTAL VICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23	STATE-ONLY	F-PAYMENT R AID PENDITURES 16,914.47	CODES AVI	F FOR JAN 2 5 OR OT OU ERAGE COST R UNIT/DAY 735.41	OV ONTERPORT OF THE PROPERTY O	OEC 2005  ONTHLY AVE S COST PE     USER \$ 1879.3	PA RAGE - R C E 9 \$
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITU C/DENTAL VICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23 8	STATE-ONLY E EX:	F-PAYMENT R AID PENDITURES 16,914.47 16,540.08	CODES AVI PEI	F FOR JAN 2 5 OR OT OU ERAGE COST R UNIT/DAY 735.41 2067.51	0V MG UNITS/DAY; PER ELIG .958 .333	ONTHLY AVE S COST PE USER \$ 1879.3 8270.0	PA RAGE - R C E 9 \$
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9 2 0	ES AND EXPENDITU DENTAL VICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23	STATE-ONLY E EX:	F-PAYMENT R AID PENDITURES 16,914.47 16,540.08 .00	CODES AVI PEI	F FOR JAN 2 5 OR OT OU ERAGE COST R UNIT/DAY 735.41 2067.51 .00	0V MO UNITS/DAY: PER ELIG .958 .333 .000	ONTHLY AVE S COST PE USER \$ 1879.3 8270.0	PA  RAGE -  R C  E  9 \$ 4
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITU C/DENTAL VICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23 8	STATE-ONLY E EX:	F-PAYMENT R AID PENDITURES 16,914.47 16,540.08 .00 16,540.08	CODES AVI PEI	F FOR JAN 2 5 OR OT OU ERAGE COST R UNIT/DAY 735.41 2067.51 .00 2067.51	0V MO UNITS/DAY: PER ELIG .958 .333 .000 .333	OEC 2005  ONTHLY AVE S COST PE	PA  RAGE -  R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9 2 0 2 2	ES AND EXPENDITU C/DENTAL VICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23 8	STATE-ONLY E EX:	F-PAYMENT R AID PENDITURES 16,914.47 16,540.08 .00 16,540.08 4,198.56	CODES AVI PEI	FOR JAN 2 5 OR OT OU ERAGE COST R UNIT/DAY 735.41 2067.51 .00 2067.51 524.82	0V MO UNITS/DAYS PER ELIG .958 .333 .000 .333 .333	OEC 2005  ONTHLY AVE S COST PE	PA  RAGE -  R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  9 2 0 2 2 0	ES AND EXPENDITUE DENTAL FIGURE FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23 8 0 8 8 0	STATE-ONLY E EX:	F-PAYMENT R AID PENDITURES 16,914.47 16,540.08 .00 16,540.08 4,198.56 .00	CODES AVI PEI	F FOR JAN 2 5 OR OT OU ERAGE COST R UNIT/DAY 735.41 2067.51 .00 2067.51	0V MO UNITS/DAY: PER ELIG .958 .333 .000 .333	OEC 2005  ONTHLY AVE S COST PE	PA  RAGE -  R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 9 2 0 2 2	ES AND EXPENDITU C/DENTAL VICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23 8	STATE-ONLY E EX:	F-PAYMENT R AID PENDITURES 16,914.47 16,540.08 .00 16,540.08 4,198.56	CODES AVI PEI	FOR JAN 2 5 OR OT OU ERAGE COST R UNIT/DAY 735.41 2067.51 .00 2067.51 524.82	0V MO UNITS/DAYS PER ELIG .958 .333 .000 .333 .333	OEC 2005  ONTHLY AVE S COST PE	PA  RAGE -  R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  9 2 0 2 2 0	ES AND EXPENDITUE DENTAL FIGURE FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23 8 0 8 8 0	STATE-ONLY E EX:	F-PAYMENT R AID PENDITURES 16,914.47 16,540.08 .00 16,540.08 4,198.56 .00 .00	CODES AVI PEI	FOR JAN 2 5 OR OT OU ERAGE COST R UNIT/DAY 735.41 2067.51 .00 2067.51 524.82 .00 .00	0V MC UNITS/DAYS PER ELIG .958 .333 .000 .333 .333 .000	OEC 2005  ONTHLY AVE S COST PE	PA  RAGE -  R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS  9 2 0 2 2 0 0 0 2	ES AND EXPENDITUE DENTAL FIGURE FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23 8 0 8 8 0	STATE-ONLY E EX:	F-PAYMENT R  AID  PENDITURES  16,914.47 16,540.08 .00 16,540.08 4,198.56 .00 .00 4,198.56	CODES AVI PEI	FOR JAN 2 S OR OT OU ERAGE COST R UNIT/DAY 735.41 2067.51 .00 2067.51 524.82 .00 .00 524.82	0V MC UNITS/DAYS PER ELIG .958 .333 .000 .333 .333 .000 .333	DEC 2005  ONTHLY AVE S COST PE	PA  RAGE -  R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  9 2 0 2 2 0 0 2 2 2 2 0 2 2 2	ES AND EXPENDITUE DENTAL FIGURE FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23 8 0 8 8 0	STATE-ONLY E EX:	F-PAYMENT R  AID  PENDITURES  16,914.47 16,540.08 .00 16,540.08 4,198.56 .00 .00 4,198.56 12,341.52	CODES AVI PEI	FOR JAN 2 S OR OT OU ERAGE COST R UNIT/DAY 735.41 2067.51 .00 2067.51 524.82 .00 .00 524.82 .00	0V MC UNITS/DAYS PER ELIG .958 .333 .000 .333 .333 .000 .000 .333	DEC 2005  ONTHLY AVE S COST PE	PA  RAGE -  R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  9 2 0 2 2 0 0 2 2 2 0 0 0 2	ES AND EXPENDITUE/DENTAL FICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23 8 0 8 8 0 0 8 8 0 0	STATE-ONLY E EX:	F-PAYMENT R  AID  PENDITURES  16,914.47 16,540.08 .00 16,540.08 4,198.56 .00 .00 4,198.56 12,341.52 .00	CODES AVI PEI	FOR JAN 2 FOR OT OU ERAGE COST R UNIT/DAY 735.41 2067.51 .00 2067.51 524.82 .00 .00 524.82 .00 .00	0V MC UNITS/DAYS PER ELIG .958 .333 .000 .333 .333 .000 .000 .333	DEC 2005  ONTHLY AVE S COST PE	PA  RAGE -  R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  9 2 0 2 2 0 0 2 2 2 0 0 0 0	ES AND EXPENDITUE/DENTAL FICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23 8 0 8 8 0 0 8 8 0 0 0 0	STATE-ONLY E EX:	F-PAYMENT R  AID  PENDITURES  16,914.47 16,540.08 .00 16,540.08 4,198.56 .00 .00 4,198.56 12,341.52 .00 .00	CODES AVI PEI	FOR JAN 2 FOR OT OU ERAGE COST R UNIT/DAY 735.41 2067.51 .00 2067.51 524.82 .00 .00 524.82 .00 .00	0V MC UNITS/DAY: PER ELIG .958 .333 .000 .333 .333 .000 .000 .333 .000 .000 .000 .000 .000 .000 .000 .000 .000	DEC 2005  ONTHLY AVE S COST PE	PA  RAGE -  R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  9 2 0 2 2 0 0 2 2 2 0 0 0 8	ES AND EXPENDITUE/DENTAL FICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23 8 0 8 8 0 0 8 8 0 0 15	STATE-ONLY E EX:	F-PAYMENT R  AID  PENDITURES  16,914.47 16,540.08 .00 16,540.08 4,198.56 .00 .00 4,198.56 12,341.52 .00 .00 374.39	CODES AVI PEI	FOR JAN 2 5 OR OT OU ERAGE COST R UNIT/DAY 735.41 2067.51 .00 2067.51 524.82 .00 .00 524.82 .00 .00 .00 .00 .00 .00 .00	0V MC UNITS/DAY: PER ELIG .958 .333 .000 .333 .333 .000 .000 .333 .000 .000 .000 .000 .000 .000 .625	DEC 2005  ONTHLY AVE S COST PE	PA  RAGE -  R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  9 2 0 2 2 0 0 2 2 2 0 0 0 8 0 8	ES AND EXPENDITUE/DENTAL FICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23 8 0 8 8 0 0 8 8 0 0 15 0	STATE-ONLY E EX:	F-PAYMENT R  AID  PENDITURES  16,914.47 16,540.08 .00 16,540.08 4,198.56 .00 .00 4,198.56 12,341.52 .00 .00 374.39 .00	CODES AVI PEI	FOR JAN 2 5 OR OT OU ERAGE COST R UNIT/DAY 735.41 2067.51 .00 2067.51 524.82 .00 .00 524.82 .00 .00 .00 .00 .00 .00 .00	0V MO UNITS/DAY: PER ELIG .958 .333 .000 .333 .333 .000 .000 .333 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000	DEC 2005  DNTHLY AVE S COST PE	PA  RAGE - R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  9 2 0 2 2 0 0 2 2 2 0 0 0 8	ES AND EXPENDITUE/DENTAL FICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23 8 0 8 8 0 0 8 8 0 0 15	STATE-ONLY E EX:	F-PAYMENT R  AID  PENDITURES  16,914.47 16,540.08 .00 16,540.08 4,198.56 .00 .00 4,198.56 12,341.52 .00 .00 374.39	CODES AVI PEI	FOR JAN 2 5 OR OT OU ERAGE COST R UNIT/DAY 735.41 2067.51 .00 2067.51 524.82 .00 .00 524.82 .00 .00 .00 .00 .00 .00 .00	0V MC UNITS/DAY: PER ELIG .958 .333 .000 .333 .333 .000 .000 .333 .000 .000 .000 .000 .000 .000 .625	DEC 2005  ONTHLY AVE S COST PE	PA  RAGE - R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  9 2 0 2 2 0 0 2 2 2 0 0 0 8 0 8	ES AND EXPENDITUE/DENTAL FICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23 8 0 8 8 0 0 8 8 0 0 15 0	STATE-ONLY E EX:	F-PAYMENT R  AID  PENDITURES  16,914.47 16,540.08 .00 16,540.08 4,198.56 .00 .00 4,198.56 12,341.52 .00 .00 374.39 .00	CODES AVI PEI	FOR JAN 2 5 OR OT OU ERAGE COST R UNIT/DAY 735.41 2067.51 .00 2067.51 524.82 .00 .00 524.82 .00 .00 .00 .00 .00 .00 .00	0V MO UNITS/DAY: PER ELIG .958 .333 .000 .333 .333 .000 .000 .333 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000 .000	DEC 2005  DNTHLY AVE S COST PE	PA  RAGE - R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  9 2 0 2 2 0 0 2 2 0 0 0 8 0 0 8	ES AND EXPENDITU  I/DENTAL  I/ICES FOR BCCTP-  UNITS OF SERVIC  OR DAYS OF CAR  23  8  0  8  0  0  0  15  0  0	STATE-ONLY E EX:	F-PAYMENT R  AID  PENDITURES  16,914.47 16,540.08 .00 16,540.08 4,198.56 .00 .00 4,198.56 12,341.52 .00 .00 374.39 .00 .00 121.94	CODES AVI PEI	FOR JAN 2  FOR JAN 2  FOR OT OU  ERAGE COST  R UNIT/DAY  735.41  2067.51  .00  2067.51  524.82  .00  .00  524.82  .00  .00  24.96  .00  .00  11.09	0V MO UNITS/DAYS PER ELIG .958 .333 .000 .333 .303 .000 .303 .000 .300 .000 .000 .000 .000 .000	DEC 2005  DNTHLY AVE S COST PE	PA  RAGE - R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  9 2 0 2 2 0 0 2 2 2 0 0 0 8 0 0 5	ES AND EXPENDITU  I/DENTAL  I/ICES FOR BCCTP-  UNITS OF SERVIC  OR DAYS OF CAR  23  8  0  8  0  0  0  15  0  0  11  3	STATE-ONLY E EX:	F-PAYMENT R  AID  PENDITURES  16,914.47 16,540.08 .00 16,540.08 4,198.56 .00 .00 4,198.56 12,341.52 .00 .00 374.39 .00 .00 121.94 209.42	CODES AVI PEI	FOR JAN 2  FOR JAN 2  FOR OT OU  ERAGE COST  R UNIT/DAY  735.41  2067.51  .00  2067.51  524.82  .00  .00  524.82  .00  .00  24.96  .00  .00  11.09  69.81	0V MO UNITS/DAYS PER ELIG .958 .333 .000 .333 .000 .333 .000 .000 .333 .000 .000 .000 .000 .000 .000 .625 .000 .000 .458 .125	DEC 2005  DNTHLY AVE S COST PE	PA  RAGE - R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  9 2 0 2 2 0 0 2 2 2 0 0 0 5 3 0	CES AND EXPENDITU C/DENTAL CICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23 8 0 8 8 0 0 0 15 0 0 11 3 0	STATE-ONLY E EX:	F-PAYMENT R  AID  PENDITURES  16,914.47 16,540.08 .00 16,540.08 4,198.56 .00 .00 4,198.56 12,341.52 .00 .00 374.39 .00 .00 121.94 209.42 .00	CODES AVI PEI	FOR JAN 2  FOR JAN 2  FOR OT OU  ERAGE COST  R UNIT/DAY  735.41  2067.51  .00  2067.51  524.82  .00  .00  .00  .00  24.96  .00  .00  .11.09  69.81  .00	0V MO UNITS/DAYS PER ELIG .958 .333 .000 .333 .000 .333 .000 .000 .333 .000 .000 .000 .458 .125 .000	DEC 2005  DNTHLY AVE S COST PE	PA  RAGE - R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  9 2 0 2 2 0 0 2 2 2 0 0 0 5 3 0 1	ES AND EXPENDITU  I/DENTAL  I/ICES FOR BCCTP-  UNITS OF SERVIC  OR DAYS OF CAR  23  8  0  8  0  0  15  0  0  11  3  0  1	STATE-ONLY E EX E \$	F-PAYMENT R  AID  PENDITURES  16,914.47 16,540.08 .00 16,540.08 4,198.56 .00 .00 4,198.56 12,341.52 .00 .00 374.39 .00 .00 121.94 209.42 .00 43.03	AVI PEI \$	FOR JAN 2  FOR JAN 2  FOR OT OU  ERAGE COST  R UNIT/DAY  735.41  2067.51  .00  2067.51  524.82  .00  .00  524.82  .00  .00  24.96  .00  .00  21.09  69.81  .00  43.03	0V MC UNITS/DAY: PER ELIG .958 .333 .000 .333 .333 .000 .000 .000 .00	DEC 2005  DNTHLY AVE S COST PE	PA  RAGE - R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  9 2 0 2 2 0 0 2 2 2 0 0 0 5 3 0 1 0	CES AND EXPENDITU C/DENTAL CICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23 8 0 8 8 0 0 0 0 15 0 0 11 3 0	STATE-ONLY E EX:	F-PAYMENT R  AID  PENDITURES  16,914.47 16,540.08 .00 16,540.08 4,198.56 .00 .00 4,198.56 12,341.52 .00 .00 374.39 .00 .00 121.94 209.42 .00 43.03 .00	CODES AVI PEI	FOR JAN 2  FOR JAN 2  FOR OT OU  ERAGE COST  R UNIT/DAY  735.41  2067.51  .00  2067.51  524.82  .00  .00  524.82  .00  .00  24.96  .00  .00  24.96  .00  .00  11.09  69.81  .00  43.03  .00	0V MO V V V V V V V V V V V V V V V V V V	DEC 2005  DNTHLY AVE S COST PE	PA  RAGE - R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  9 2 0 2 2 0 0 2 2 2 0 0 0 5 3 0 1 0 0 1	ES AND EXPENDITU  I/DENTAL  I/ICES FOR BCCTP-  UNITS OF SERVIC  OR DAYS OF CAR  23  8  0  8  0  0  15  0  0  11  3  0  1	STATE-ONLY E EX E \$	F-PAYMENT R  AID  PENDITURES  16,914.47 16,540.08 .00 16,540.08 4,198.56 .00 .00 4,198.56 12,341.52 .00 .00 374.39 .00 .00 121.94 209.42 .00 43.03 .00 .00	AVI PEI \$	FOR JAN 2  FOR OT OU  ERAGE COST  R UNIT/DAY  735.41  2067.51  .00  2067.51  524.82  .00  .00  .00  .00  .00  .00  .00	0V MC UNITS/DAY: PER ELIG .958 .333 .000 .333 .333 .000 .000 .000 .00	DEC 2005  DNTHLY AVE S COST PE	PA  RAGE - R
#CALIF DEPT OF HEALTH SERV MOP024 SANTA CRUZ COUNTY  24 ELIGIBLES  @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV  USERS  9 2 0 2 2 0 0 2 2 2 0 0 0 5 3 0 1 0	CES AND EXPENDITU C/DENTAL CICES FOR BCCTP- UNITS OF SERVIC OR DAYS OF CAR 23 8 0 8 8 0 0 0 0 15 0 0 11 3 0	STATE-ONLY E EX E \$	F-PAYMENT R  AID  PENDITURES  16,914.47 16,540.08 .00 16,540.08 4,198.56 .00 .00 4,198.56 12,341.52 .00 .00 374.39 .00 .00 121.94 209.42 .00 43.03 .00	AVI PEI \$	FOR JAN 2  FOR JAN 2  FOR OT OU  ERAGE COST  R UNIT/DAY  735.41  2067.51  .00  2067.51  524.82  .00  .00  524.82  .00  .00  24.96  .00  .00  24.96  .00  .00  11.09  69.81  .00  43.03  .00	0V MO V V V V V V V V V V V V V V V V V V	DEC 2005  DNTHLY AVE S COST PE	PA  RAGE - R

@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		
LEV B-REHAB MD	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		
LEV B-REGULAR	0	0		.00		.00	.000		.00		
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	\$	.00	.000	\$	.00	\$	
ICF DDH	0	0	4	.00	7	.00	.000	т.	.00	7	
ICF DD	0	0		.00		.00	.000		.00		
ICF DDN/DDCN	0	0		.00		.00	.000		.00		
@HEMODIALYSIS TOTAL	0	0	Ś	.00	\$	.00	.000	Ġ	.00	\$	
HOSPITAL BASED	0	0	7	.00	т.	.00	.000	т	.00	т	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		
@REHABILITATION FACILITY	0	0	Ś	.00	Ġ	.00	.000	Ġ	.00	\$	
HOSPITAL BASED	0	0	4	.00	7	.00	.000	т.	.00	7	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		
@LABORATORY FACILITY	2	3	Ś	22.08	Ġ	7.36	.125	\$	11.04	\$	
PATHOLOGY	2	3	4	22.08	7	7.36	.125	т.	11.04	7	
XO AND OTHERS	0	0		.00		.00	.000		.00		
@ORGANIZED OUTPATIENT CLINIC	2	2	Ś	509.55	Ś	254.78	.083	\$	254.78	Ś	
CLINIC	0	0	т	.00	τ	.00	.000	т	.00	τ	
SURGICENTER	0	0		.00		.00	.000		.00		
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		
RURAL HEALTH CLINIC	2	2		509.55		254.78	.083		254.78		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDIT	URES MONT		EPORT			DEC		PΑ	
MOP024	FEE-FOR-SERVICE										
SANTA CRUZ COUNTY	SUMMARY OF SERV		-STATE-ON	LY AID	CODES	OR OT OU	0V				
							M	ONT	HLY AVERA	AGE -	
24 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER	C	
		OR DAYS OF CAL				UNIT/DAY			USER	Ē	
@ALL OTHER PROVIDERS	0	0		.00	\$	.00	.000		.00	\$	
DURABLE MED. EQUIP.	0	0	'	.00	ŕ	.00	.000		.00	'	
BLOOD BANK	0	0		.00		.00	.000		.00		
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		

0

0

MEDICAL TRANSPORTATION

.00

.00

.000

.00

AMBULANCES/AIR TRANS	0	0	.00	. (	.000	.00	
OTHER TRANS	0	0	.00	. (	.000	.00	
OTHER SERVICES	0	0	.00	. (	.000	.00	
ACUPUNCTURE	0	0	.00	. 0	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	. 0	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	. 0	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	. 0	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	. (	.000	.00	
OPTICIAN	0	0	.00	. (	.000	.00	
PHYSICAL THERAPIST	0	0	.00	. (	.000	.00	
PORTABLE X-RAY	0	0	.00	. (	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	. (	.000	.00	
PROSTHETICS	0	0	.00	. 0	.000	.00	
ORTHOTICS	0	0	.00	. 0	.000	.00	
PSYCHOLOGIST	0	0	.00	. 0	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	. 0	.000	.00	
HOSPICE SERVICES	0	0	.00	. 0	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	. 0	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	. 0	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	. 0	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	. 0	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	. 0	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	. 0	.000	.00	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .0	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .0	.000	\$ .00	\$
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION ITEM ONLY;					

OF TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

DIMITI CHOL COUNTI	DOINIME OF DEED	TICES FOR BUCIL FO					
					MON	THLY AVERA	GE -
36 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	119	1,922	\$ 121,004.86	\$ 62.96	53.389 \$	1016.85	\$
@PHYSICIANS SERVICES	15	59	\$ 4,648.90	\$ 78.79	1.639 \$		\$
OUTPATIENT VISITS	7	15	548.40	36.56	.417	78.34	
OFFICE VISITS	2	2	114.40	57.20		57.20	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	1	1	108.08	108.08	.028	108.08	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	1	1	60.48	60.48	.028	60.48	
OTHER OUTPATIENT	3	11	265.44	24.13	.306	88.48	
INPATIENT VISITS	2	6	243.89	40.65	.167	121.95	
HOSPITAL VISITS	2	6	243.89	40.65	.167	121.95	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	4	4	2,673.79	668.45	.111	668.45	
PRINCIPAL SURGEON	3	3	2,579.62		.083	859.87	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	1	94.17	94.17		94.17	
OUTPATIENT SURGERY	1	17	301.50	17.74	.472	301.50	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DDINGIDAL GUDGOM	0	0	0.0	0.0	0.00	0.0	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	1	17	301.50	17.74	.472	301.50	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	1	1	29.61	29.61	.028	29.61	
RADIOLOGY	6	13	736.60	56.66	.361	122.77	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	3	3	115.11	38.37	.083	38.37	
@PHARMACY	20	40 \$	3,754.28	\$ 93.86	1.111	\$ 187.71	\$
PRESCRIPTION DRUGS	20	40	3,754.28	93.86	1.111	187.71	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	20	40	3,754.28	93.86	1.111	187.71	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	
@DENTIST	17	71 \$	3,670.25	\$ 51.69	1.972		\$
VISITS - DIAGNOSTIC	14	48	784.25	16.34	1.333	56.02	
ORAL SURGERY	4	13	2,005.00	154.23	.361	501.25	
DRUGS	1	1	15.00	15.00	.028	15.00	
ANESTHESIA	4	4	300.00	75.00	.111	75.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	1	1	330.00	330.00	.028	330.00	
RESTORATIVE DENTISTRY	2	2	96.00	48.00	.056	48.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	1	1	140.00	140.00	.028	140.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	1	1	.00	.00	.028	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITIBES					PA
MODO24	THE TOD CEDITOR DENTAL		TOTAL OF THE PROPERTY IN	I OIL I OIL OAN	2000 11110	2003	11.

MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

DOINGER OF DEED	VICED IOIC	DCCII I	. •								
							M	TNO	HLY AVERA	GE -	
USERS	UNITS OF	SERVICE	]	EXPENDITURES	AV.	ERAGE COST	UNITS/DAY	S	COST PER	C	
	OR DAYS	OF CARE	:		PE	R UNIT/DAY	PER ELIG		USER	E	
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0		.00		.00	.000		.00		
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
0		0	\$	.00	\$	.00	.000	\$	.00	\$	
19		1,597	\$	80,704.44	\$	50.54	44.361	\$	4247.60	\$	
2		8		16,540.08		2067.51	.222		8270.04		
0		0		.00		.00	.000		.00		
	USERS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 19 2 0	OR DAYS  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		OR DAYS OF CARE  0	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAY PER UNIT/DAY         PER ELIG           0         0         \$ .00         \$ .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0         0         .00         .00         .00           0 <td< td=""><td>USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS PER UNIT/DAY         DAYS           0         0         \$         .00         \$         .00         .00         .00         .00         .00         \$         .00         \$         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00</td><td>USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS PER ELIG PER UNIT/DAY         COST PER PER UNIT/DAY         PER ELIG USER           0         0         \$         .00         \$         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         \$         .00         .00         .00         .00         .00           0         0         \$         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .</td><td>OR DAYS OF CARE  O</td></td<>	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS PER UNIT/DAY         DAYS           0         0         \$         .00         \$         .00         .00         .00         .00         .00         \$         .00         \$         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	USERS         UNITS OF SERVICE OR DAYS OF CARE         EXPENDITURES         AVERAGE COST UNITS/DAYS PER ELIG PER UNIT/DAY         COST PER PER UNIT/DAY         PER ELIG USER           0         0         \$         .00         \$         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         .00         .00         .00         .00         .00           0         0         \$         .00         .00         .00         .00         .00           0         0         \$         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .	OR DAYS OF CARE  O			

NON-HSC HOSPITAL TOTAL	2	8	16,540.08	2067.51	.222	8270.04	
ACCOMMODATIONS	2	8	4,198.56	524.82	.222	2099.28	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	2	8	4,198.56	524.82	.222	2099.28	
ANCILLARIES	2	0	12,341.52	.00	.000	6170.76	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	18	1,589	64,164.36	40.38	44.139	3564.69	
MEDICAL	6	30	1,047.59	34.92	.833	174.60	
SURGERY	3	3	258.19	86.06	.083	86.06	
PATHOLOGY	10	36	447.83	12.44	1.000	44.78	
RADIOLOGY	6	7	1,140.56	162.94	.194	190.09	
ROOM USE	7	15	664.34	44.29	.417	94.91	
CROSSOVERS/ALL OTH OUTPTNT	9	1,498	60,605.85	40.46	41.611	6733.98	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	
**			MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005	PΑ
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MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR BCCTP-TOTAL

BINVIII CICOL COCKII	don't de delivione foit best foil be						
					MON	THLY AVERA	GE -
36 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	19	1,597 \$	80,704.44	\$ 50.54	44.361 \$	4247.60	\$
COMM HOSP INPATIENT TOTAL	2	8	16,540.08	2067.51	.222	8270.04	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	2	8	16,540.08	2067.51	.222	8270.04	
ACCOMMODATIONS	2	8	4,198.56	524.82	.222	2099.28	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	2	8	4,198.56	524.82	.222	2099.28	
ANCILLARIES	2	0	12,341.52	.00	.000	6170.76	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	18	1,589	64,164.36	40.38	44.139	3564.69	
MEDICAL	6	30	1,047.59	34.92	.833	174.60	
SURGERY	3	3	258.19	86.06	.083	86.06	
PATHOLOGY	10	36	447.83	12.44	1.000	44.78	
RADIOLOGY	6	7	1,140.56	162.94	.194	190.09	

ROOM USE	7	15		664.34		44.29	.417		94.91	
CROSSOVERS/ALL OTH OUTPTNT	9	1,498		60,605.85		40.46	41.611		6733.98	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	3	7	\$	103.79	\$	14.83	.194	\$	34.60	\$
PATHOLOGY	3	7		103.79		14.83	.194		34.60	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	55	120	\$	27,800.05	\$	231.67	3.333	\$	505.46	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	55	120		27,800.05		231.67	3.333		505.46	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	TURES MO	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL									
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR	BCCTF	P-TOTAL							

AVERAGE COST UNITS/DAYS COST PER 36 ELIGIBLES EXPENDITURES USERS UNITS OF SERVICE  $\mathcal{C}$ OR DAYS OF CARE PER UNIT/DAY PER ELIG USER Ε @ALL OTHER PROVIDERS 14 28 323.15 11.54 .778 \$ 23.08 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 .000 .00 BLOOD BANK .00 .00 .00 .000 .00 HEARING AID DISPENSERS MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .000 .00 OTHER TRANS .00 .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 .00 .000 .00 ACUPUNCTURE ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 .00 .000 .00 GENETIC DISEASE TESTING .000 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 OPTICIAN 323.15 11.54 .778 23.08 PHYSICAL THERAPIST 0 0 .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS 0 .00 .00 .000 .00 PROSTHETICS .000 .00 .00 .00 ORTHOTICS .00 .00 .000 .00

----- MONTHLY AVERAGE -

PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$
* TOTALS IN TUDSE LINES ADD SIVEN A	C V CEDVDVAE T	NEODMATTON TTEM ONTV.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR QMB - ONLY AID CODE 80

					MON	THLY AVERAG	E -
120 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	166	585 \$	92,918.14	\$ 158.83	4.875 \$	559.75	\$
@PHYSICIANS SERVICES	31	44 \$	1,268.77	\$ 28.84	.367 \$	40.93	\$
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	31	44		1,268.77		28.84	.367		40.93	
@PHARMACY	6	30	\$	253.68	\$	8.46	.250	\$	42.28	\$
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00	
SNF/ICF	0	0		.00		.00	.000		.00	
OUTPATIENTS	0	0		.00		.00	.000		.00	
MEDICAL SUPPLIES	6	30		253.68		8.46	.250		42.28	
@DENTIST	2	4	\$	.00	\$	.00	.033	\$	.00	\$
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00	
ORAL SURGERY	2	2		.00		.00	.017		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA	2	2		.00		.00	.017		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MO	NTH-OF-PAYMENT RI	EPORT 1	FOR JAN 2	005 THRU	DEC	2005	PP
MOP024	FEE-FOR-SERVICE	/DENTAL								
SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR QMB -	ONLY		Ž	AID CODE	80			
							M	IONTE	HLY AVERA	GE -
120 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERA	AGE COST	UNITS/DAY	S (	COST PER	C

UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER 120 ELIGIBLES USERS EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @OPTOMETRIST \$ 0 0 .00 .000 \$ .00 .00 .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .000 .00 EYE APPLIANCES 0 .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 @CHIROPRACTOR \$ .00 .00 .000 \$ .00 VISITS 0 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 @PODIATRIST .00 .00 .000 \$ .00 .00 MEDICINE/INJECTIONS .00 .000 .00 SURGERY/ANES. .00 .00 .000 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 OTHER .00 .00 .000 .00 \$ \$ @HOME HEALTH AGENCY 0 .00 .00 .000 \$ .00 \$ .00 .000 .00 \$ NURSE ANESTHESIST .00 \$ \$ .00 .00 NURSE MIDWIFE .00 .000 \$

PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00	\$
@TOTAL HOSPITAL	116	244	\$	88,797.99	\$	363.93	2.033	\$	765.50	\$
HOSP INPATIENT TOTAL	81	0		74,661.48		.00	.000		921.75	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	81	0		74,661.48		.00	.000		921.75	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	36	244		14,136.51		57.94	2.033		392.68	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	36	244		14,136.51		57.94	2.033		392.68	
@COUNTY HOSPITAL TOTAL	0	0		.00	\$	.00	.000	Ś	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00	т	.00	.000	т	.00	т
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	-	0		.00		.00	.000		.00	
		•	סיונות	MONTH-OF-PAYMENT R	ם חיים			חבכ		PΑ
MOP024	FEE-FOR-SERVIC		TOKES	MONIH-OF-PAIMENT R	EPORI	. FOR DAN	2005 IRU	חפכ	2005	PP.
SANTA CRUZ COUNTY		VICES FOR QMB	ONT V			AID CODE	9.0			
SANTA CRUZ COUNTI	SUMMARI OF SER	VICES FOR QMB	- ONLI			AID CODE	M		ארטיינע עדיני	\CE
120 ELIGIBLES	USERS	UNITS OF SERV	TCE	EXPENDITURES	7/17/17	ים א כיבי כר כיםי	UNITS/DAY			ZGE -
TAA ENIGIDHES	CALCO	OR DAYS OF C		FVLFNDTIOKF2			PER ELIG		USER	E
@COMMUNITY HOSPITAL TOTAL	116	OR DAIS OF C		88,797.99		363.93	2.033		765.50	_
	81				Ą		2.033	Ą		Ą
COMM HOSP INPATIENT TOTAL	81	0		74,661.48		.00	.000		921.75	

					MON	THLY AVERAGE	
120 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	116	244 \$	88,797.99	\$ 363.93	2.033 \$	765.50 \$	,
COMM HOSP INPATIENT TOTAL	81	0	74,661.48	.00	.000	921.75	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	81	0	74,661.48	.00	.000	921.75	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	

IMDIOLOGI	O	•	.00		• 0 0	.000		.00		
ROOM USE	0	0	.00		.00	.000		.00		
CROSSOVERS/ALL OTH OUTPTNT		244	14,136.51		57.94	2.033		392.68		
@STATE HOSPITAL	0	0 \$	.00	\$	.00	.000	\$	.00	\$	
MENTALLY ILL	0	0	.00		.00	.000		.00		
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		
@NURSING FACILITY	0	0 \$	.00	\$	.00	.000	\$	.00	\$	
LEV A-INTERMEDIATE	0	0	.00		.00	.000		.00	'	
LEV B-REHAB MD	0	0	.00		.00	.000		.00		
LEV B-SUBACUTE FREESTANDING	•	0	.00		.00	.000		.00		
LEV B-SUBACUTE HSPTL BASED	0	Ö	.00		.00	.000		.00		
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		
LEV B-REGULAR	0	0	.00		.00	.000		.00		
@INTERMEDIATE CARE FACILDD	•	0 \$		\$		.000	4		<u>ب</u>	
	0	0 Ş	.00	Ş	.00		Þ	.00	\$	
ICF DDH	0	~	.00		.00	.000		.00		
ICF DD	0	0	.00		.00	.000		.00		
ICF DDN/DDCN	0	0	.00		.00	.000		.00		
@HEMODIALYSIS TOTAL	5	15 \$	2,454.53	\$	163.64	.125	\$	490.91	\$	
HOSPITAL BASED	0	0	.00		.00	.000		.00		
HEMODIALYSIS CENTER	5	15	2,454.53		163.64	.125		490.91		
@REHABILITATION FACILITY	0 0 0 5 0 5 0 0 0	0 \$	.00	\$	.00	.000	\$	.00	\$	
HOSPITAL BASED	0	0	.00		.00	.000		.00		
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		
@LABORATORY FACILITY	1	1 \$	2.45	\$	2.45	.008	\$	2.45	\$	
PATHOLOGY	0	0	.00		.00	.000		.00	'	
XO AND OTHERS	1	1	2.45		2.45	.008		2.45		
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$	.00	.000	\$	.00	\$	
CLINIC	0	0	.00	۲	.00	.000	۲	.00	۲	
SURGICENTER	0	0	.00		.00	.000		.00		
	0	0								
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		
RURAL HEALTH CLINIC	•	•	.00	1D0D	.00	.000	חחמ	.00	T> 7	
#CALIF DEPT OF HEALTH SERV			NIH-OF-PAYMENI RE	SPORT	FOR JAN	2005 THRU	DEC	2005	PA	
	FEE-FOR-SERVICE/D									
SANTA CRUZ COUNTY	SUMMARY OF SERVICE	ES FOR QMB - ONLY			AID CODE					
						M				
120 ELIGIBLES			EXPENDITURES						C	
	(	OR DAYS OF CARE			,	PER ELIG			E	
@ALL OTHER PROVIDERS	10	247 \$	140.72	\$	.57	2.058	\$		\$	
DURABLE MED. EQUIP.	0	0	.00		.00	.000		.00		
BLOOD BANK	0	0	.00		.00	.000		.00		
HEARING AID DISPENSERS	0	0	.00		.00	.000		.00		
MEDICAL TRANSPORTATION	0	0	.00		.00	.000		.00		
AMBULANCES/AIR TRANS	0	0	.00		.00	.000		.00		
OTHER TRANS	0	0	.00		.00	.000		.00		
OTHER SERVICES	0	0	.00		.00	.000		.00		
ACUPUNCTURE	0	0	.00		.00	.000		.00		
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000		.00		
GENETIC DISEASE TESTING	0	0	.00		.00	.000		.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000		.00		
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000		.00		
	0	0								
OPTICIAN	U	U	.00		.00	.000		.00		

244

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14,136.51

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COMM HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

36

0

0

0

0

PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	2	2	15.10	7.55	.017	7.55	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	8	245	125.62	.51	2.042	15.70	
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@XOVER EXCLUDING STATE HOSP**	164	581	\$ 92,918.14	\$ 159.93	4.842	\$ 566.57	\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR 133% PROGRAM

AID CODES 72 74 8N 8P

---- MONTHLY AVERAGE EXPENDITURES AVERAGE COST UNITS/DAYS 523 ELIGIBLES USERS UNITS OF SERVICE COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 5.436 \$ @TOTAL, ALL PROVIDERS 919 2,843 185,276.22 65.17 201.61 @PHYSICIANS SERVICES 163 17,685.83 108.50 .312 \$ 263.97 OUTPATIENT VISITS 42 45 1,798.84 39.97 .086 42.83 OFFICE VISITS 883.96 42.09 .040 44.20 .00 .000 HOME VISITS .00 .00 44.60 EMERGENCY ROOM 356.80 .015 50.97 PREVENTIVE CARE .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 OTHER OUTPATIENT 558.08 34.88 .031 34.88 84.30 INPATIENT VISITS 674.37 .015 224.79 HOSPITAL VISITS 84.30 224.79 674.37 .015 CRITICAL CARE .00 .00 .000 .00 SNF/ICF/TRANS IP CARE .000 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 **EXAMINATIONS** .00 .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .000 .00 1,153.14 **OUTPATIENT SURGERY** 52.42 .042 230.63 608.25 121.65 PRINCIPAL SURGEON .010 202.75 ASSISTANT SURGEON 0 .00 .00 .000 .00 ANESTHESIOLOGIST 17 544.89 32.05 .033 272.45 DIALYSIS .00 .00 .000 .00 PATHOLOGY 1 2 54.91 109.81 .004 109.81 13 15 437.66 29.18 .029 33.67 RADIOLOGY 0 **PSYCHIATRY** .00 .00 .000 .00 3158.34 IMMUNIZATION AND INJECTION 3 16 9,475.03 592.19 .031 OTHER SERVICES/ALL X-OVERS 4,036.98 73.40 .105 155.27

@PHARMACY	50	96 \$	13,437.05	\$	139.97	.184	\$	268.74	\$
PRESCRIPTION DRUGS	48	89	13,145.90		147.71	.170		273.87	
SNF/ICF	0	0	.00		.00	.000		.00	
OUTPATIENTS	48	89	13,145.90		147.71	.170		273.87	
MEDICAL SUPPLIES	4	7	291.15		41.59	.013		72.79	
@DENTIST	221	1,177 \$	30,173.10	\$	25.64	2.250	\$	136.53	\$
VISITS - DIAGNOSTIC	204	812	10,496.10		12.93	1.553	·	51.45	·
ORAL SURGERY	11	25	1,043.00		41.72	.048		94.82	
DRUGS	24	25	625.00		25.00	.048		26.04	
ANESTHESIA	1	1	100.00		100.00	.002		100.00	
PERIODONTICS	0	0	.00		.00	.000		.00	
ENDODONTICS	22	64	4,473.00		69.89	.122		203.32	
RESTORATIVE DENTISTRY	59	245	12,876.00		52.56	.468		218.24	
PROSTHETICS	0	0	.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0	.00		.00	.000		.00	
SPACE MAINTAINERS	3	4	560.00		140.00	.008		186.67	
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00	
ALL OTHER SERVICES	3	1	.00		.00	.002		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES N	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/D								
SANTA CRUZ COUNTY		ES FOR 133% PROGRA	AM AID	CODES	72 74 8N	8P			
						M	ONT	HLY AVERA	GE -
523 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVEF	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	1	1 \$	39.44	\$	39.44	.002	\$	39.44	\$
DIAGNOSTIC AND ANC. PROCED	1	1	39.44	•	39.44	.002	·	39.44	·
EYE APPLIANCES	0	0	.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	
@CHIROPRACTOR	0	0 \$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0	.00		.00	.000		.00	
OTHER SERVICES	0	0	.00		.00	.000		.00	
@PODIATRIST	0	0 \$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0	.00	•	.00	.000	•	.00	•
	0	^	0.0		0.0	0.00		0.0	

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SURGERY/ANES.

RADIO./PATHOLOGY OTHER	0 0	0	.00	.00	.000	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$ .00	.000 \$	.00	
NURSE ANESTHESIST	0	0 \$	.00	\$ .00	.000 \$	.00	•
NURSE MIDWIFE	0	0 \$	.00	\$ .00	.000 \$	.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$ .00	.000 \$	.00	
@TOTAL HOSPITAL	63	165 \$	37,063.13	\$ 224.63	.315 \$	588.30	\$
HOSP INPATIENT TOTAL	6	15	31,549.78	2103.32	.029	5258.30	
HSC HOSPITALS	5	13	24,127.00	1855.92	.025	4825.40	
NON-HSC HOSPITAL TOTAL	1	2	7,422.78	3711.39	.004	7422.78	
ACCOMMODATIONS	1	2	2,359.68	1179.84	.004	2359.68	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	Ö	.00 2,359.68 5,063.10	.00	.000	.00	
ALL OTHER ACCOM	1	2	2,359.68	1179.84	.004	2359.68	
ANCILLARIES	1	0	5,063.10	.00	.000	5063.10	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	58	150		36.76	.287	95.06	
MEDICAL	10	12	504.39	42.03	.023	50.44	
SURGERY	1	1	150.29	150.29	.002	150.29	
PATHOLOGY	14	48	671.42	13.99	.092	47.96	
RADIOLOGY	11	13	1,608.29	123.71 38.67 28.95	.025	146.21	
ROOM USE	34	39	1,507.99	38.67	.075	44.35	
CROSSOVERS/ALL OTH OUTPTNT		37	±/0/0.5/	20.55	.071	59.50	
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	•	.000 \$		\$
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPINT		0	.00	.00	.000	.00	TO 70
		S AND EXPENDITURES MON	NIH-OF-PAYMENT RE	SPORT FOR JAN 2	JUS THRU DEC	2005	PA
MOP024	FEE-FOR-SERVICE/I		7.10	70000 00 04 03	0.10		
SANTA CRUZ COUNTY	SUMMARY OF SERVIC	CES FOR 133% PROGRAM	AID (	CODES 72 74 8N			АП
ESS ELICIDIES	HGEDG :	UNITS OF SERVICE	EXDENDIBLEC		MONT	HLY AVERA	
523 ELIGIBLES	USERS T		EXPENDITURES				C
@COMMUNITY HOSPITAL TOTAL	63	OR DAYS OF CARE 165 \$	37,063.13	PER UNIT/DAY \$ 224.63		USER 588.30	E
	6	165 Ş 15		2103.32		5258.30	Ą
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	6 5	13	31,549.78 24,127.00	1855.92	.029 .025	4825.40	
NON-HSC HOSPITALS TOTAL	1	2	7,422.78	3711.39	.025	7422.78	
	1		7,422.78 2,359.68				
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	2	2,359.68	1179.84 .00	.004	2359.68	
ADMINISTRATIVE DAIS	U	U	.00	.00	.000	.00	

TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	1	2		2,359.68		1179.84	.004		2359.68	
ANCILLARIES	1	0		5,063.10		.00	.000		5063.10	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	58	150		5,513.35		36.76	.287		95.06	
MEDICAL	10	12		504.39		42.03	.023		50.44	
SURGERY	1	1		150.29		150.29	.002		150.29	
PATHOLOGY	14	48		671.42		13.99	.092		47.96	
RADIOLOGY	11	13		1,608.29		123.71	.025		146.21	
ROOM USE				1,507.99		38.67	.075		44.35	
ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	18	37		1,070.97		28.95	.071		59.50	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0	'	.00	'	.00	.000		.00	'
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	Ś	.00	.000	Ś	.00	Ś
LEV A-INTERMEDIATE	0	0	т	.00	т	.00	.000	т	.00	т
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	Ġ	.00	.000	\$	.00	Ċ
ICF DDH	0	0	Ą	.00	ų	.00	.000	Y	.00	ų
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	۲.	.00	.000	4	.00	\$
HOSPITAL BASED	0	0	Ą	.00	Ą		.000	Ą	.00	Ą
	0	0				.00				
HEMODIALYSIS CENTER	17	91	ė.	.00	٠,	.00	.000	4	.00	<u>ب</u>
@REHABILITATION FACILITY HOSPITAL BASED	1 / 7	13	Ş	1,723.31	Ş	18.94	.174	Ş	101.37	Ş
HOSPITAL BASED	10			557.93		42.92	.025		79.70	
INDEPENDENT FACILITY	10	78		1,165.38		14.94	.149		116.54	
@LABORATORY FACILITY	2	2	Ş	14.78	Ş	7.39	.004	Ş	7.39	\$
PATHOLOGY	2	2		14.78		7.39	.004		7.39	
XO AND OTHERS	0	0	4.	.00 75,554.75	4.	.00	.000	4.	.00	
@ORGANIZED OUTPATIENT CLINIC	415	553	\$	75,554.75	Ş	136.63	1.057	Ş		\$
CLINIC	1	2		41.00		20.50	.004		41.00	
SURGICENTER	1	1		82.42		82.42	.002		82.42	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	0 414	550		75,431.33		137.15	1.052		182.20	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERV		URES MON	TH-OF-PAYMENT R	EPORT	FOR JAN :	2005 THRU	DEC	2005	PA
	FEE-FOR-SERVI									
SANTA CRUZ COUNTY	SUMMARY OF SE	RVICES FOR 133%	PROGRAM	AID (	CODES	5 72 74 8N				
							M			
523 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVE					C
		OR DAYS OF CA	RE		PEF	R UNIT/DAY	PER ELIG		USER	E
523 ELIGIBLES @ALL OTHER PROVIDERS	130	595	\$	9,584.83	\$	16.11	1.138	\$	73.73	\$
DURABLE MED. EQUIP.	1 0	3		74.22		24.74	.006		74.22	
BLOOD BANK	0			.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	2	33		2,535.73		76.84	.063		1267.87	
AMDIII AMORO /A TD. ODAMO	2	2.0		725 72		22 00	0.61		267 07	

32

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1,800.00

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367.87

1800.00

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AMBULANCES/AIR TRANS

OTHER TRANS

ACUPUNCTURE

OTHER SERVICES

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	6	12	113.84	9.49	.023	18.97	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	6	18	833.07	46.28	.034	138.85	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	115	529	6,027.97	11.40	1.011	52.42	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	128	473	\$ 70,848.56	\$ 149.79	.904	\$ 553.50	\$
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 32.73	\$ 32.73	.002	\$ 32.73	\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

PA

10P024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR 100% PROGRAM AID CODES 7A 7C 8R 8T

BINIII CROZ COUNTI	DOMINICI OF DELC	CVICED FOR FOOT FRO	JOIGINI	71110	CODED /II /C OIC	0 1		
						MON	THLY AVERA	GE -
635 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	590	2,198	\$	113,593.59	\$ 51.68	3.461	192.53	\$
@PHYSICIANS SERVICES	36	87	\$	6,698.70	\$ 77.00	.137	186.08	\$
OUTPATIENT VISITS	24	26		1,630.03	62.69	.041	67.92	
OFFICE VISITS	9	9		602.54	66.95	.014	66.95	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	7	7		506.17	72.31	.011	72.31	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	1	1		126.31	126.31	.002	126.31	
OTHER OUTPATIENT	7	9		395.01	43.89	.014	56.43	
INPATIENT VISITS	2	4		289.58	72.40	.006	144.79	
HOSPITAL VISITS	2	4		289.58	72.40	.006	144.79	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	1	1		53.69	53.69	.002	53.69	
EXAMINATIONS	1	1		53.69	53.69	.002	53.69	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	3	4		1,497.43	374.36	.006	499.14	
PRINCIPAL SURGEON	3	4		1,497.43	374.36	.006	499.14	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
OUTPATIENT SURGERY	3	10		406.62	40.66	.016	135.54	
PRINCIPAL SURGEON	1	1		53.52	53.52	.002	53.52	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	2	9		353.10	39.23	.014	176.55	
DIALYSIS	0	0		.00	.00	.000	.00	

PATHOLOGY	1	9		514.08	57.12	.014	514.08	
RADIOLOGY	6	9		188.90	20.99	.014	31.48	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	10	24		2,118.37	88.27	.038	211.84	
@PHARMACY	50	99	\$	12,258.11	\$ 123.82	.156	\$ 245.16	\$
PRESCRIPTION DRUGS	43	85		10,628.48	125.04	.134	247.17	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	43	85		10,628.48	125.04	.134	247.17	
MEDICAL SUPPLIES	10	14		1,629.63	116.40	.022	162.96	
@DENTIST	185	948	\$	26,235.95	\$ 27.68	1.493	\$ 141.82	\$
VISITS - DIAGNOSTIC	159	679		10,317.95	15.20	1.069	64.89	
ORAL SURGERY	19	38		4,014.00	105.63	.060	211.26	
DRUGS	15	18		455.00	25.28	.028	30.33	
ANESTHESIA	6	6		600.00	100.00	.009	100.00	
PERIODONTICS	1	1		118.00	118.00	.002	118.00	
ENDODONTICS	12	17		1,583.00	93.12	.027	131.92	
RESTORATIVE DENTISTRY	67	173		7,929.00	45.83	.272	118.34	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	2	2		320.00	160.00	.003	160.00	
MAXILLOFACIAL SERVICES	1	1		50.00	50.00	.002	50.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	3	5		849.00	169.80	.008	283.00	
ALL OTHER SERVICES	3	8		.00	.00	.013	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MON'	TH-OF-PAYMENT RE	PORT FOR JAN	2005 THRU	DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DENTA							
SANTA CRUZ COUNTY	SUMMARY OF SERVICES F	'OR 100% P	ROGRAM	AID C	ODES 7A 7C 8	R 8T		
						M	ONTHLY AVERA	GE -

MONTHL						HLY AVERA	.GE: -			
635 ELIGIBLES	USERS	UNITS OF SERVICE	;	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CARE	;		PE	R UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	1	5	\$	90.30	\$	18.06	.008	\$	90.30	\$
DIAGNOSTIC AND ANC. PROCED	1	2		47.45		23.73	.003		47.45	
EYE APPLIANCES	1	3		42.85		14.28	.005		42.85	
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	1	2	\$	104.99	\$	52.50	.003	\$	104.99	\$
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	33	144	\$	16,046.57	\$	111.43	.227	\$	486.26	\$
HOSP INPATIENT TOTAL	3	7		12,421.00		1774.43	.011		4140.33	
HSC HOSPITALS	3	7		12,421.00		1774.43	.011		4140.33	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	30	137		3,625.57	26.46	.216	120.85	
MEDICAL	4	7		149.25	21.32	.011	37.31	
SURGERY	2	2		226.57	113.29	.003	113.29	
PATHOLOGY	17	81		1,018.43	12.57	.128	59.91	
RADIOLOGY	6	13		1,256.88	96.68	.020	209.48	
ROOM USE	18	18		654.45	36.36	.028	36.36	
CROSSOVERS/ALL OTH OUTPTNT	11	16		319.99	20.00	.025	29.09	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$ .00	.000	\$ .00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	
MEDICAL	0	0		.00	.00	.000	.00	
SURGERY	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	
ROOM USE	0	0		.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT		0		.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDIT	URES MON'	TH-OF-PAYMENT RE	PORT FOR JAN	2005 THRU	DEC 2005	PA
MOP024	FEE-FOR-SERVIC							
SANTA CRUZ COUNTY	SUMMARY OF SER	VICES FOR 100%	PROGRAM	AID C	ODES 7A 7C 8R			
							ONTHLY AVERA	GE -
635 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES	AVERAGE COST	,		C
		OR DAYS OF CA			PER UNIT/DAY			E
@COMMUNITY HOSPITAL TOTAL	33	144	\$	16,046.57	\$ 111.43	.227	\$ 486.26	\$

COMM HOSP INPATIENT TOTAL	3	7		12,421.00	17	774.43	.011		4140.33	
HSC HOSPITALS	3	7		12,421.00		774.43	.011		4140.33	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0							.00	
	0			.00		.00	.000			
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	30	137		3,625.57		26.46	.216		120.85	
MEDICAL	4	7		149.25		21.32	.011		37.31	
SURGERY	2	2		226.57		13.29	.003		113.29	
PATHOLOGY	17	81		1,018.43		12.57	.128		59.91	
RADIOLOGY	6	13		1,256.88		96.68	.020		209.48	
ROOM USE	18	18		654.45		36.36	.028		36.36	
CROSSOVERS/ALL OTH OUTPTNT	11	16		319.99		20.00	.025		29.09	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0	т	.00	т	.00	.000	т	.00	т
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0								
	0			.00		.00	.000		.00	
LEV B-REGULAR		0	<b>.</b>	.00	d	.00	.000	4	.00	à
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00		\$	.00	\$
ICF DDH	~	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	5	22	\$	626.35	\$	28.47	.035	\$	125.27	\$
HOSPITAL BASED	4	18		584.28		32.46	.028		146.07	
INDEPENDENT FACILITY	1	4		42.07		10.52	.006		42.07	
@LABORATORY FACILITY	1	13	\$	114.66	\$	8.82	.020	\$	114.66	\$
PATHOLOGY	1	13	·	114.66	•	8.82	.020	•	114.66	•
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	172	232	\$	37,662.37	\$ 1	62.34	.365	Ś	218.97	Ś
CLINIC	0	0	т	.00	т -	.00	.000	т	.00	т
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	172	232		37,662.37	1	.62.34	.365		218.97	
			TIDEO MO	·				חחמ		D.7
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDIT	UKES MO	NIH-OF-PAIMENI R	EPORI I	OR JAN .	2005 IHRU	DEC	2005	PA
MOP024	FEE-FOR-SERVIC		DD00D314	7.70	aobea -		0.00			
SANTA CRUZ COUNTY	SUMMARY OF SER	RVICES FOR 100%	PROGRAM	AID	CODES	7A 7C 8R				~-
			- ~			~- ~~~	N			
635 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES			UNITS/DAY			C
		OR DAYS OF CA					PER ELIC		USER	. Е
@ALL OTHER PROVIDERS	136	646	\$	13,755.59	\$	21.29	1.017	\$		Ş
DURABLE MED. EQUIP.	1	21		5,077.60	2	241.79	.033		5077.60	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEYDING VID DIGDENGEDG	0	0		0.0		$\cap \cap$	000		0.0	

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HEARING AID DISPENSERS

MEDICAL TRANSPORTATION	1	5	138.73	27.75	.008	138.73	
AMBULANCES/AIR TRANS	1	5	138.73	27.75	.008	138.73	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.002	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	27	55	448.62	8.16	.087	16.62	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	2	20	1,893.65	94.68	.031	946.83	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	104	544	6,091.99	11.20	.857	58.58	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	64	311 \$	34,444.69	\$ 110.75	.490	\$ 538.20	\$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$
®* TOTALS IN THESE LINES ARE CIVE	N AS A SEDARATE	TNEORMATION ITEM C	NT.V•				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

					MO	NTHLY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	3,860	15,430	\$ 1,094,587.35	\$ 70.94	.000	\$ 283.57	\$
@PHYSICIANS SERVICES	356	459	\$ 38,771.81	\$ 84.47	.000	\$ 108.91	\$
OUTPATIENT VISITS	103	122	12,626.34	103.49	.000	122.59	
OFFICE VISITS	11	12	209.40	17.45	.000	19.04	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	98	110	12,416.94	112.88	.000	126.70	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	1	1	168.65	168.65	.000	168.65	
PRINCIPAL SURGEON	1	1	168.65	168.65	.000	168.65	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	18	24	2,347.57	97.82	.000	130.42	
PRINCIPAL SURGEON	15	16	2,017.96	126.12	.000	134.53	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	5	8	329.61	41.20	.000	65.92	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	22	22	94.40	4.29	.000	4.29	
RADIOLOGY	268	285	22,946.70	80.51	.000	85.62	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	2	4	205.05	51.26	.000	102.53	
OTHER SERVICES/ALL X-OVERS	1	1	383.10	383.10	.000	383.10	
@PHARMACY	644	1,928 \$	34,449.96 \$	17.87	.000	\$ 53.49	\$
PRESCRIPTION DRUGS	638	1,901	32,628.93	17.16	.000	51.14	
SNF/ICF	0	0	.00	.00	.000	.00	
OUTPATIENTS	638	1,901	32,628.93	17.16	.000	51.14	
MEDICAL SUPPLIES	12	27	1,821.03	67.45	.000	151.75	
@DENTIST	0	0 \$	.00 \$	.00	.000	\$ .00	\$
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	
DRUGS	0	0	.00	.00	.000	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPOR	RT FOR JAN	2005 THRU D	EC 2005	PA

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

FEE-FOR-SERVICE/DENTAL

MOP024

00 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER USERS UNITS OF SERVICE EXPENDITURES (OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @OPTOMETRIST 0 .00 \$ .00 .000 \$ .00 \$ DIAGNOSTIC AND ANC. PROCED .00 .000 .00 0 .00 EYE APPLIANCES .00 .00 .000 .00 0 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 @CHIROPRACTOR .000 .00 .00 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 @PODIATRIST \$ .00 .00 .000 .00 .00 .00 .00 MEDICINE/INJECTIONS .000 .00 SURGERY/ANES. .00 .000 .00 RADIO./PATHOLOGY .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 @HOME HEALTH AGENCY 0 .00 .00 .000 .00 NURSE ANESTHESIST .00 .00 .000 .00 .00 .000 NURSE MIDWIFE .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 FAMILY NURSE PRACTITIONER 0 .000 .00 .00 \$ .00 @TOTAL HOSPITAL 38 1,586.05 41.74 .000 79.30 HOSP INPATIENT TOTAL .00 .00 .000 .00

----- MONTHLY AVERAGE -

HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	20	38	1,586.05	41.74	.000	79.30	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	9	15	286.67	19.11	.000	31.85	
RADIOLOGY	9	11	844.27	76.75	.000	93.81	
ROOM USE	6	6	204.60	34.10	.000	34.10	
CROSSOVERS/ALL OTH OUTPTNT	2	6	250.51	41.75	.000	125.26	
@COUNTY HOSPITAL TOTAL	4	12 \$	478.35 \$	39.86	.000 \$	119.59	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	4	12	478.35	39.86	.000	119.59	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	3	5 4	56.83	11.37	.000	18.94	
RADIOLOGY	2		208.38	52.10	.000	104.19	
ROOM USE	2	2	68.20	34.10	.000	34.10	
CROSSOVERS/ALL OTH OUTPINT	1	1	144.94	144.94	.000	144.94	
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REPORT	' FOR JAN 2005	THRU DE	C 2005	PA
MOP024	FEE-FOR-SERVICE/DENTA	L					

----- MONTHLY AVERAGE -00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @COMMUNITY HOSPITAL TOTAL 26 42.60 .000 \$ 69.23 \$ 16 1,107.70 COMM HOSP INPATIENT TOTAL Ω Ω .00 .00 .000 .00 HSC HOSPITALS Ω .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .000 .00 ACCOMMODATIONS .000 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 0 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES 0 .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 16 26 1,107.70 42.60 .000 69.23 MEDICAL 0 0 .00 .00 .000 .00 SURGERY .000 0 0 .00 .00 .00 PATHOLOGY 229.84 22.98 .000 38.31

SUMMARY OF SERVICES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT AID CODES 7F 7G

SANTA CRUZ COUNTY

RADIOLOGY	7	7		635.89		90.84		000		90.84		
ROOM USE	4	4		136.40		34.10		000		34.10		
CROSSOVERS/ALL OTH OUTPTNT	1	5		105.57		21.11		000		105.57		
@STATE HOSPITAL	0	0	Ġ	.00	\$	.00		000	Ġ	.00	Ġ	
MENTALLY ILL	0	0	'	.00	'	.00		000	•	.00	'	
DEVELOP. DISABLED	0	0		.00		.00		000		.00		
@NURSING FACILITY	0	0	\$	.00	\$	.00		000	Ġ	.00	Ġ	
LEV A-INTERMEDIATE	0	0	'	.00	'	.00		000	•	.00	'	
LEV B-REHAB MD	0	0		.00		.00		000		.00		
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00		000		.00		
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00		000		.00		
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00		000		.00		
LEV B-REGULAR	0	0		.00		.00		000		.00		
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00		000	\$	.00	\$	
ICF DDH	0	0	·	.00		.00		000	·	.00		
ICF DD	0	0		.00		.00		000		.00		
ICF DDN/DDCN	0	0		.00		.00		000		.00		
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00		000	\$	.00	\$	
HOSPITAL BASED	0	0		.00		.00		000		.00		
HEMODIALYSIS CENTER	0	0		.00		.00		000		.00		
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00		000	\$	.00	\$	
HOSPITAL BASED	0	0	·	.00	•	.00		000	·	.00		
INDEPENDENT FACILITY	0	0		.00		.00		000		.00		
@LABORATORY FACILITY	1,232	2,688	\$	56,578.61	\$	21.05		000	\$	45.92	\$	
PATHOLOGY	1,232	2,688		56,578.61		21.05		000		45.92		
XO AND OTHERS	0	0		.00		.00		000		.00		
@ORGANIZED OUTPATIENT CLINIC	2,894	10,223	\$	953,330.92	\$	93.25		000	\$	329.42	\$	
CLINIC	1,408	4,868		262,335.73		53.89		000		186.32		
SURGICENTER	0	0		.00		.00		000		.00		
HEROIN DETOX CLINIC	0	0		.00		.00		000		.00		
RURAL HEALTH CLINIC	1,488	5,355		690,995.19		129.04		000		464.38		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2005	HRU	DEC	2005	PA	
MOP024	FEE-FOR-SERVICE/I	DENTAL										
SANTA CRUZ COUNTY	SUMMARY OF SERVIO	CES FOR PRESUM	PTIVE	ELIGIBILITY-PREGN	IANT .	AID CODES						
										HLY AVERA	GE -	
00 ET TOTRE	TTOTEC	DITEC OF CERTIC	_		70 77 777	D 7 G D G G G		· /	T 0	20 AB DED	_	

00 ELIGIBLES USERS UNITS OF SERVICE

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER C

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER E
@ALL OTHER PROVIDERS 94	94 \$	9,870.00	\$ 105.00	.000 \$	105.00 \$
DURABLE MED. EQUIP. 0	0	.00	.00	.000	.00
BLOOD BANK 0	0	.00	.00	.000	.00
HEARING AID DISPENSERS 0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION 0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS 0	0	.00	.00	.000	.00
OTHER TRANS 0	0	.00	.00	.000	.00
OTHER SERVICES 0	0	.00	.00	.000	.00
ACUPUNCTURE 0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR 0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING 94	94	9,870.00	105.00	.000	105.00
<pre>IHMC, MODEL-NF, NF, AIDS, MSSP</pre>	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST 0	0	.00	.00	.000	.00
OPTICIAN 0	0	.00	.00	.000	.00
PHYSICAL THERAPIST 0	0	.00	.00	.000	.00
PORTABLE X-RAY 0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS 0	0	.00	.00	.000	.00
PROSTHETICS 0	0	.00	.00	.000	.00
ORTHOTICS 0	0	.00	.00	.000	.00
PSYCHOLOGIST 0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY 0	0	.00	.00	.000	.00
HOSPICE SERVICES 0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS 0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES 0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE 0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT. 0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING 0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS 0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES* 0	0 \$	.00	\$ .00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP** 0	0 \$	.00	\$ .00	.000 \$	.00 \$

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MEDI-CAL TUBERCULOSIS PROGRAM AID CODE 7H

						M	ГИО	HLY AVERA	.GE -
119 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	E
@TOTAL, ALL PROVIDERS	40	101	\$ 19,600.22	\$	194.06	.849	\$	490.01	\$
@PHYSICIANS SERVICES	1	1	\$ 51.68	\$	51.68	.008	\$	51.68	\$
OUTPATIENT VISITS	1	1	51.68		51.68	.008		51.68	
OFFICE VISITS	1	1	51.68		51.68	.008		51.68	
HOME VISITS	0	0	.00		.00	.000		.00	
EMERGENCY ROOM	0	0	.00		.00	.000		.00	
PREVENTIVE CARE	0	0	.00		.00	.000		.00	
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00	
OTHER OUTPATIENT	0	0	.00		.00	.000		.00	
INPATIENT VISITS	0	0	.00		.00	.000		.00	
HOSPITAL VISITS	0	0	.00		.00	.000		.00	
CRITICAL CARE	0	0	.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00	
EXAMINATIONS	0	0	.00		.00	.000		.00	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SERVICES AND MATERIALS	0	0	.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00	
ASSISTANT SURGEON	0	0	.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00	
	0	0							
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00	
ASSISTANT SURGEON	0	0	.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00	
DIALYSIS	0	0	.00		.00	.000		.00	
PATHOLOGY	0	0	.00		.00	.000		.00	
	0	0							
RADIOLOGY	Ü	Ü	.00		.00	.000		.00	
PSYCHIATRY	0	0	.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00		.00	.000		.00	
@PHARMACY	32	79 \$	15,322.81	\$ 1	93.96	.664	\$ 4	78.84	Ċ
PRESCRIPTION DRUGS	31	78			96.32	.655		93.96	۲
			15,312.72				4		
SNF/ICF	0	0	.00	_	.00	.000	_	.00	
OUTPATIENTS	31	78	15,312.72		96.32	.655		93.96	
MEDICAL SUPPLIES	1	1	10.09		10.09	.008		10.09	
@DENTIST	0	0 \$	.00	\$	.00	.000	\$	.00	\$
VISITS - DIAGNOSTIC	0	0	.00	7	.00	.000	т	.00	т.
ORAL SURGERY	0	0	.00		.00	.000		.00	
	0								
DRUGS	Ü	0	.00		.00	.000		.00	
ANESTHESIA	0	0	.00		.00	.000		.00	
PERIODONTICS	0	0	.00		.00	.000		.00	
ENDODONTICS	0	0	.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00	
PROSTHETICS	0	0	.00		.00	.000		.00	
	0	0	.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0							
SPACE MAINTAINERS	0	0	.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00	
ALL OTHER SERVICES	0	0	.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURES		ED∩DT E			חבר זר		PΑ
MOP024			MONIII-OF-FAIMENT K	EFORT F	OK UAN A	2005 11110 1		103	F.F.
	FEE-FOR-SERVICE				~				
SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR MEDI-CAL T	UBERCULOSIS PROGRA	M A	ID CODE				
						Mo			GE -
119 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERA	GE COST	UNITS/DAY:	S COS	T PER	C
		OR DAYS OF CARE		PER U	NIT/DAY	PER ELIG	Ţ	ISER	E
@OPTOMETRIST	0	0 \$	.00	\$	.00	.000		.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	т	.00	.000	т	.00	т
	0								
EYE APPLIANCES	U	0	.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	
@CHIROPRACTOR	0	0 \$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0	.00		.00	.000		.00	
OTHER SERVICES	0	0	.00		.00	.000		.00	
@PODIATRIST	0	0 \$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0	.00	۲	.00	.000	۲	.00	۲
. •	ŭ	•							
SURGERY/ANES.	0	0	.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	
OTHER	0	0	.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0 \$	.00	\$	.00	.000	\$	.00	\$
	-	- 1		'			'		'

NURSE MIDWIFE	0	0 \$ 0 \$	.00 \$	.00	.000 \$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00 \$	.00	.000 \$	.00	\$
FAMILY NURSE PRACTITIONER	0	0 \$	.00 \$	.00	.000 \$	.00	\$
@TOTAL HOSPITAL	2	7 \$	88.97 \$	12.71	.059 \$	44.49	\$
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0 0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	2	7	88.97	12.71	.059	44.49	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
	0	6					
PATHOLOGY	∠	6	66.44	11.07	.050	33.22	
RADIOLOGY	1	1	22.53	22.53	.008	22.53	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	4.
@COUNTY HOSPITAL TOTAL	0	0 \$	.00 \$	.00	.000 \$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	0	0 0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPINT	· ·	0	.00	.00	.000	.00	
	MEDI-CAL SERVICES AND						PΔ
	FEE-FOR-SERVICE/DENTAI		III-OF-FAIMENT REFOR	I FOR UAN 2	ZOOD TIIKO DEC	2005	E E
	SUMMARY OF SERVICES FO		DCIII OCTO DDOCDAM	AID CODE	711		
SANIA CROZ COUNTI	SUMMARI OF SERVICES FO	OR MEDI-CAL TOBE	RCULUSIS PROGRAM	AID CODE	MONT	עמיזע איזייטא	CE
119 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES AV		UNITS/DAYS		C C
119 EUIGIBLES		AYS OF CARE			,	USER	E
				R UNIT/DAY			
@COMMUNITY HOSPITAL TOTAL	2	7 \$	88.97 \$	12.71	.059 \$	44.49	\$
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	
HSC HOSPITALS	Ü	0	.00	.00	.000	.00	
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	

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ADMINISTRATIVE DAYS

ALL OTHER ACCOM

INPATIENT CROSSOVERS

ANCILLARIES

TRANSITIONAL IP CARE

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ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	2	7		88.97		12.71	.059		44.49	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	2	6		66.44		11.07	.050		33.22	
RADIOLOGY	1	1		22.53		22.53	.008		22.53	
ROOM USE	0	0		.00		.00	.000		.00	
	•									
CROSSOVERS/ALL OTH OUTPTNT		0		.00	4.	.00	.000	4.	.00	4.
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
	0									
LEV B-REGULAR	0	0		.00		.00	.000		.00	4
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000	•	.00	·
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Υ	.00	۲
	0	0								
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	9	14	\$	4,136.76	\$	295.48	.118	\$	459.64	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	9	14		4,136.76		295.48	.118		459.64	
#CALIF DEPT OF HEALTH SERV			ו סשקוו	MONTH-OF-PAYMENT R	EDOB1			DEC		PA
MOP024	FEE-FOR-SERVIC		OKED I	MONIII OF TATMENT K		. FOR OAN	2005 11110	טטכ	2005	I.F.
SANTA CRUZ COUNTY	SUMMARY OF SER		C 3 T	UBERCULOSIS PROGRAI	١٨	AID CODE	711			
SANTA CRUZ COUNTI	SUMMARI OF SER	VICES FOR MEDI-	CAL I	UBERCULOSIS PROGRAI	.*1	AID CODE		r∩n⊤m	HLY AVERA	O.T.
110 011010100	USERS	UNITS OF SERVI	aп		7. 7.7.		UNITS/DAY			
119 ELIGIBLES	USERS			EXPENDITURES					COST PER	C
	_	OR DAYS OF CA					PER ELIC		USER	E
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00	.000	\$	.00	\$
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	
BLOOD BANK	0	0		.00		.00	.000		.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00	
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00	
OTHER TRANS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
ACUPUNCTURE	0	0		.00		.00	.000		.00	
	0	0								
ADULT DAY HEALTH CARE CTR	Û	ŭ		.00		.00	.000		.00	
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	

0	0		.00		.00	.000		.00
0	0		.00		.00	.000		.00
0	0		.00		.00	.000		.00
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0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       0       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00         0       .00       .00 </td <td>0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       .00       .00       .00         0       .00       .00       .00         0       .00       .00       .00         0       .00       .00       .00         0<td>0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       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.00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0</td></td>	0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       0       .00       .00         0       .00       .00       .00         0       .00       .00       .00         0       .00       .00       .00         0       .00       .00       .00         0 <td>0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0</td> <td>0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0</td>	0       0       .00       .00       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  0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0       0       .00       .00       .000         0

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

					MON	THLY AVERA	GE -
6,834 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	1,008	5,801	\$ 1,077,281.78	\$ 185.71	.849	1068.73	\$
@PHYSICIANS SERVICES	510	1,516	\$ 136,198.48	\$ 89.84	.222	267.06	\$
OUTPATIENT VISITS	237	427	30,308.65	70.98	.062	127.88	
OFFICE VISITS	46	51	2,618.53	51.34	.007	56.92	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	37	57	3,873.25	67.95	.008	104.68	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	171	319	23,816.87	74.66	.047	139.28	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	
INPATIENT VISITS	82	253	21,372.73	84.48	.037	260.64	

HOSPITAL VISITS	70	132		6,015.62		45.57	.019		85.94	
CRITICAL CARE	20	121		15,357.11		126.92	.018		767.86	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	110	263		60,487.62		229.99	.038		549.89	
PRINCIPAL SURGEON	81	83		52,833.34		636.55	.012		652.26	
ASSISTANT SURGEON	10	10		1,818.38		181.84	.001		181.84	
ANESTHESIOLOGIST	32	170		5,835.90		34.33	.025		182.37	
OUTPATIENT SURGERY	50	87		4,783.51		54.98	.013		95.67	
PRINCIPAL SURGEON	48	74		4,155.30		56.15	.011		86.57	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	8	13		628.21		48.32	.002		78.53	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	76	132		2,056.06		15.58	.019		27.05	
RADIOLOGY	183	224		12,306.28		54.94	.033		67.25	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	23	54		756.62		14.01	.008		32.90	
OTHER SERVICES/ALL X-OVERS	46	76		4,127.01		54.30	.011		89.72	
@PHARMACY	218	416	Ġ	10,272.23		24.69	.061	Ġ		\$
PRESCRIPTION DRUGS	216	404	Ą	9,231.88		22.85	.059	۲	42.74	Y
SNF/ICF	0	0		.00		.00	.000		.00	
OUTPATIENTS	216	404		9,231.88		22.85	.059		42.74	
MEDICAL SUPPLIES	6	12					.002		173.39	
@DENTIST	2	4	\$	1,040.35	\$	86.70 .00	.002	۲.	.00	<u>ب</u>
	1	2	Þ	.00	Ą			Þ		\$
VISITS - DIAGNOSTIC	1	0		.00		.00	.000		.00	
ORAL SURGERY	0	0		.00		.00	.000		.00	
DRUGS	0	0		.00		.00	.000		.00	
ANESTHESIA		0		.00		.00	.000		.00	
PERIODONTICS	0	0		.00		.00	.000		.00	
ENDODONTICS	0	0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0			.00		.00	.000		.00	
PROSTHETICS	0	0		.00		.00	.000		.00	
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0			.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	1	2		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MON	NTH-OF-PAYMENT RE	EPORT	FOR JAN 20	05 THRU	DEC	2005	PP
MOP024	FEE-FOR-SERVICE/DENTA									
CARINA CRITE COLDINII	CIDALIDII OF CERTIFORS F	OD 147170D	CONTRACTO		2000					

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

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					MON	THLY AVERA	GE -
6,834 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
	OR D.	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@OPTOMETRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	
@CHIROPRACTOR	0	0 \$	.00	\$ .00	.000 \$	.00	\$
VISITS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
@PODIATRIST	0	0 \$	.00	\$ .00	.000 \$	.00	\$
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	

CLID CEDA / AND C	0	0		0.0		0.0	000		0.0	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	11	12	Ş	808.86	Ş	67.41	.002		73.53	
NURSE ANESTHESIST	0	0	Ş	.00	Ş	.00	.000		.00	\$
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000		.00	\$
PEDIATRIC NURSE PRACTITIONER		0	\$	.00	\$	.00	.000		.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000		.00	\$
@TOTAL HOSPITAL	307	1,411	\$	787,934.13	\$	558.42	.206	\$	2566.56	\$
HOSP INPATIENT TOTAL	101	480		763,702.37		1591.05	.070		7561.41	
HSC HOSPITALS	12	28		123,304.15		4403.72	.004		10275.35	
NON-HSC HOSPITAL TOTAL	89	452		640,398.22		1416.81	.066		7195.49	
ACCOMMODATIONS	89	452		214,123.06		473.72	.066		2405.88	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	89	452		214,123.06		473.72	.066		2405.88	
ANCILLARIES	89	0		426,275.16		.00			4789.61	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00			.00	
HOSP OUTPATIENT TOTAL	266	931		24,231.76		26.03			91.10	
MEDICAL	7	7		416.72		59.53	.001		59.53	
SURGERY	38	48		2,100.70		43.76	.007		55.28	
PATHOLOGY	134	348		4,173.27		11.99	.051		31.14	
	53	71							84.97	
RADIOLOGY				4,503.54		63.43				
ROOM USE	104	144		6,766.24		46.99			65.06	
CROSSOVERS/ALL OTH OUTPTNT		313	4	6,271.29	4	20.04	.046	4	47.15	4
@COUNTY HOSPITAL TOTAL	5	20	\$	619.82	\$	30.99	.003	Ş	123.96	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0 0 0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0			.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	5	20		619.82		30.99	.003		123.96	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	2 2	3		57.94		19.31	.000		28.97	
PATHOLOGY	2	8 1		226.93		28.37	.001		113.47	
RADIOLOGY	1	1		59.16		59.16	.000		59.16	
ROOM USE	1	4		240.50		60.13	.001		240.50	
CROSSOVERS/ALL OTH OUTPTNT		4		35.29		8.82	.001		17.65	
	MEDI-CAL SERVICES AND		JRES MO		EPOR'			DEC		PA:
MOP024	FEE-FOR-SERVICE/DENTA									
SANTA CRUZ COUNTY	SUMMARY OF SERVICES F		CONSEN'	T AID CODES AID (	CODE	S 7M 7P 71	7 N			

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

					MON	THLY AVERA	GE -
6,834 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	302	1,391 \$	787,314.31	\$ 566.01	.204 \$	2607.00	\$
COMM HOSP INPATIENT TOTAL	101	480	763,702.37	1591.05	.070	7561.41	
HSC HOSPITALS	12	28	123,304.15	4403.72	.004	10275.35	
NON-HSC HOSPITALS TOTAL	89	452	640,398.22	1416.81	.066	7195.49	
ACCOMMODATIONS	89	452	214,123.06	473.72	.066	2405.88	

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	89	452		214,123.06		473.72	.066		2405.88	
ANCILLARIES	89	0		426,275.16		.00	.000		4789.61	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0							.00	
	261			.00		.00	.000			
COMM HOSP OUTPATIENT TOTAL		911		23,611.94		25.92	.133		90.47	
MEDICAL	7	7		416.72		59.53	.001		59.53	
SURGERY	36	45		2,042.76		45.39	.007		56.74	
PATHOLOGY	132	340		3,946.34		11.61	.050		29.90	
RADIOLOGY	52	70		4,444.38		63.49	.010		85.47	
ROOM USE	103	140		6,525.74		46.61	.020		63.36	
CROSSOVERS/ALL OTH OUTPTNT		309		6,236.00		20.18	.045		47.60	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0		.00		.00	.000		.00	
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$
ICF DDH	0	0	7	.00	7	.00	.000	-T	.00	7
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	τ	.00	τ	.00	.000	т	.00	т
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	۲	.00	٧	.00	.000	۲	.00	۲
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	263	802	\$	9,985.70	\$	12.45	.117	\$	37.97	\$
PATHOLOGY	263	802	Ÿ	9,985.70	Ą	12.45	.117	Y	37.97	ų
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	337	1,572	Ċ	127,876.53	Ċ	81.35	.230	Ś	379.46	\$
CLINIC	146	758	Ą	23,585.04	Ą	31.11	.111	Ą	161.54	Ą
SURGICENTER	0	0		23,565.04		.00	.000		.00	
	0									
HEROIN DETOX CLINIC		0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	193	814	ייי אם	104,291.49		128.12	.119	חחמ	540.37	D.7
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		KES MO	MIH-OF-PAYMENT RI	FLOK.I.	FUR JAN	∠UU5 THRU	DEC	∠005	PA
MOP024	FEE-FOR-SERVICE/DE	N.I.AT								

SANTA CRUZ COUNTY

SUMMARY OF SERVICES FOR MINOR CONSENT AID CODES AID CODES 7M 7P 7R 7N

----- MONTHLY AVERAGE -

USERS AVERAGE COST UNITS/DAYS COST PER 6,834 ELIGIBLES UNITS OF SERVICE **EXPENDITURES** C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER E @ALL OTHER PROVIDERS 68 4,205.85 61.85 .010 \$ 110.68 \$ 38 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 BLOOD BANK 0 0 .00 .00 .000 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 MEDICAL TRANSPORTATION 34 635.85 18.70 .005 158.96 AMBULANCES/AIR TRANS 635.85 18.70 .005 158.96 34 OTHER TRANS 0 .00 .00 .00 .000 OTHER SERVICES .00 .00 .000 .00

ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	34	34	3,570.00	105.00	.005	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	0	0	.00	.00	.000	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	3	61 \$	76,812.23	\$ 1259.22	.009	\$ 25604.08	\$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000	\$ .00	\$
@* TOTALS IN THESE LINES ARE GIVEN	I AS A SEPARATE	INFORMATION ITEM ONLY:					

TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR EDWARDS CASES IN PA-FAMILIES AID CODE 38

SANTA CROZ COUNTI	DOMINAKT OF DEK	ATCED LOW	FDWAID	CADE	O IN LY-LVIITHIO	AID CODE	50		
							MC	ONTHLY AVE	RAGE -
110 ELIGIBLES	USERS	UNITS OF	SERVICE	]	EXPENDITURES	AVERAGE COST	UNITS/DAYS	S COST PE	R C
		OR DAYS	OF CARE	3		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	1,146	3	3,336	\$	227,732.02	\$ 68.26	30.327	\$ 198.7	2 \$
@PHYSICIANS SERVICES	43		113	\$	10,177.56	\$ 90.07	1.027	\$ 236.6	9 \$
OUTPATIENT VISITS	26		27		1,641.02	60.78	.245	63.1	2
OFFICE VISITS	8		8		647.64	80.96	.073	80.9	6
HOME VISITS	0		0		.00	.00	.000	.0	0
EMERGENCY ROOM	8		8		467.78	58.47	.073	58.4	7
PREVENTIVE CARE	0		0		.00	.00	.000	.0	0
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.0	0
OTHER OUTPATIENT	10		11		525.60		.100	52.5	6
INPATIENT VISITS	3		22		2,040.30	92.74	.200	680.1	0
HOSPITAL VISITS	3		17		1,113.60	65.51	.155	371.2	0
CRITICAL CARE	1		5		926.70	185.34	.045	926.7	0
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.0	0
OPHTHALMOLOGICAL SERVICES	2		3		113.50	37.83	.027	56.7	
EXAMINATIONS	2		3		113.50	37.83	.027	56.7	5
SERVICES AND MATERIALS	0		0		.00	.00	.000	.0	0
INPATIENT HOSPITAL SURGERY	2		2		1,039.34	519.67	.018	519.6	7
PRINCIPAL SURGEON	2		2		1,039.34	519.67	.018	519.6	7
ASSISTANT SURGEON	0		0		.00	.00	.000	.0	0
ANESTHESIOLOGIST	0		0		.00	.00	.000	.0	0
OUTPATIENT SURGERY	4		15		1,488.16	99.21	.136	372.0	4
PRINCIPAL SURGEON	2		2		1,092.21	546.11	.018	546.1	1
ASSISTANT SURGEON	0		0		.00	.00	.000	.0	
ANESTHESIOLOGIST	2		13		395.95	30.46	.118	197.9	8

DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	5	6		864.46	144.08	.055	172.89	
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	17	38		2,990.78	78.70	.345	175.93	
@PHARMACY	77	138	\$	14,133.54	\$ 102.42	1.255	\$ 183.55	\$
PRESCRIPTION DRUGS	66	115		12,503.43	108.73	1.045	189.45	
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	66	115		12,503.43	108.73	1.045	189.45	
MEDICAL SUPPLIES	16	23		1,630.11	70.87	.209	101.88	
@DENTIST	309	1,405	\$	40,501.85	\$ 28.83	12.773	\$ 131.07	\$
VISITS - DIAGNOSTIC	232	925		12,677.25		8.409	54.64	
ORAL SURGERY	37	66		3,912.50	59.28	.600	105.74	
DRUGS	21	21		355.00	16.90	.191	16.90	
ANESTHESIA	10	9		675.00	75.00	.082	67.50	
PERIODONTICS	12	12		1,357.00	113.08	.109	113.08	
ENDODONTICS	28	60		6,999.40	116.66	.545	249.98	
RESTORATIVE DENTISTRY	95	271		13,735.70	50.69	2.464	144.59	
PROSTHETICS	2	2		60.00	30.00	.018	30.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	1	1		120.00	120.00	.009	120.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	8	10		610.00	61.00	.091	76.25	
ALL OTHER SERVICES	13	28		.00	.00	.255	.00	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	S MON'	TH-OF-PAYMENT RE	PORT FOR JAN :	2005 THRU D	EC 2005	PA
MOP024	FEE-FOR-SERVICE,							
SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR EDWARDS	CASES	IN PA-FAMILIES	AID CODE			
							NTHLY AVERA	GE -
110 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			C
		OR DAYS OF CARE			PER UNIT/DAY		USER	E
@OPTOMETRIST	2	4	\$	53.34	\$ 13.34	.036	•	\$
DIAGNOSTIC AND ANC. PROCED	1	0		.00	.00	.000	.00	
EYE APPLIANCES	2	4		53.34	13.34	.036	26.67	
OTHER OPTOMETRIC SERVICES	1	0		.00	.00	.000	.00	

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	1	5	\$	329.57	\$	65.91	.045	\$	329.57	\$
NURSE ANESTHESIST	0	0	\$	.00	Š	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	Ċ	.00	Ġ	.00	.000	Ġ	.00	\$
PEDIATRIC NURSE PRACTITIONER	•	0	\$	.00	Ġ	.00	.000	Ġ	.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	٠ ک	.00	\$
@TOTAL HOSPITAL	39	168	ب ب	36,650.33	ب ب	218.16	1.527	۶ \$	939.75	ب خ
HOSP INPATIENT TOTAL	3	18	Ą		Ą	1802.33			10814.00	Ą
	3			32,442.00			.164			
HSC HOSPITALS	0	18		32,442.00		1802.33	.164		10814.00	
NON-HSC HOSPITAL TOTAL		0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	37	150		4,208.33		28.06	1.364		113.74	
MEDICAL	7	7		262.72		37.53	.064		37.53	
SURGERY	1	1		103.91		103.91	.009		103.91	
PATHOLOGY	12	73		734.05		10.06	.664		61.17	
RADIOLOGY	5	7		529.03		75.58	.064		105.81	
ROOM USE	23	33		1,340.21		40.61	.300		58.27	
CROSSOVERS/ALL OTH OUTPTNT	17	29		1,238.41		42.70	.264		72.85	
@COUNTY HOSPITAL TOTAL	1	6	\$	245.82	\$	40.97	.055	\$	245.82	\$
CO HOSPITAL INPATIENT TOTAL	0	0	۲	.00	٣	.00	.000	٣	.00	۲
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0							.00	
	0	0		.00		.00	.000			
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	•	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	Ţ	6		245.82		40.97	.055		245.82	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	1	2		70.80		35.40	.018		70.80	
ROOM USE	1	4		175.02		43.76	.036		175.02	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	ES MON	TH-OF-PAYMENT RE	POR	T FOR JAN 2	2005 THRU 1	DEC	2005	PP
MOP024	FEE-FOR-SERVICE	E/DENTAL								
SANTA CRUZ COUNTY	SUMMARY OF SERV	ICES FOR EDWARDS	CASES	S IN PA-FAMILIES		AID CODE	38			
							MO	TNC	HLY AVERA	GE -
110 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AV	ERAGE COST				C
		OR DAYS OF CARE	1			R UNIT/DAY			USER	E
						,				

@COMMUNITY HOSPITAL TOTAL	38	162	\$	36,404.51	\$	224.72	1.473	\$	958.01	\$
COMM HOSP INPATIENT TOTAL	3	18		32,442.00		1802.33	.164		10814.00	
HSC HOSPITALS	3	18		32,442.00		1802.33	.164		10814.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
	0	0								
ALL OTHER ACCOM	_			.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	36	144		3,962.51		27.52	1.309		110.07	
MEDICAL	7	7		262.72		37.53	.064		37.53	
SURGERY	1	1		103.91		103.91	.009		103.91	
PATHOLOGY	12	73		734.05		10.06	.664		61.17	
RADIOLOGY	4	5		458.23		91.65	.045		114.56	
ROOM USE	22	29		1,165.19		40.18	.264		52.96	
CROSSOVERS/ALL OTH OUTPTNT	17	29		1,238.41		42.70	.264		72.85	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0	Ą		Ą			Ą		Ą
				.00		.00	.000		.00	
DEVELOP. DISABLED	0	0	4.	.00		.00	.000	4.	.00	
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00	
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	Ś	.00	.000	\$	.00	\$
ICF DDH	0	0	т	.00	т	.00	.000	т	.00	т
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	ċ.	.00	\$	.00	.000	\$	.00	\$
	0	0	\$		Ą			Ą		Ą
HOSPITAL BASED	0			.00		.00	.000		.00	
HEMODIALYSIS CENTER		0		.00		.00	.000		.00	
@REHABILITATION FACILITY	9 3 6	35	\$	791.57	\$	22.62	.318	\$	87.95	\$
HOSPITAL BASED	3	6		350.21		58.37	.055		116.74	
INDEPENDENT FACILITY	6	29		441.36		15.22	.264		73.56	
@LABORATORY FACILITY	5 5	9	\$	43.99	\$	4.89	.082	\$	8.80	\$
PATHOLOGY		9		43.99		4.89	.082		8.80	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	508	711	\$	116,665.05	\$	164.09	6.464	\$	229.66	\$
CLINIC	1	1	•	70.81		70.81	.009		70.81	
SURGICENTER	1	1		58.88		58.88	.009		58.88	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	506					164.37	6.445		230.31	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR			ים					PA
MOP024			LES MC	MIH-OF-PAIMENI RE	POR	L FOR DAIN .	2005 IRO	DEC	2005	PP.
	FEE-FOR-SERVIO		1 0705	IG TN DA DAMITITUG		7 TD G0DE	2.0			
SANTA CRUZ COUNTY	SUMMARY OF SEE	RVICES FOR EDWARDS	CASE	S IN PA-FAMILIES		AID CODE				an.
110 5 5 5 5 5	11000						M			
110 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY			C
		OR DAYS OF CARE				•	PER ELIG		USER	. E
@ALL OTHER PROVIDERS	214	748	\$	8,385.22	\$	11.21	6.800	\$	39.18	\$
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	
BLOOD BANK	0	0		.00		.00	.000		.00	

HEARING AID DISPENSERS	0	0		.00	.0	0 .000	.00	
MEDICAL TRANSPORTATION	1	7		164.68	23.5	3 .064	164.68	
AMBULANCES/AIR TRANS	1	6		154.80	25.8	0 .055	154.80	
OTHER TRANS	0	0		.00	.0	0 .000	.00	
OTHER SERVICES	1	1		9.88	9.8	8 .009	9.88	
ACUPUNCTURE	0	0		.00	.0	0 .000	.00	
ADULT DAY HEALTH CARE CTR	0	0		.00	.0	0 .000	.00	
GENETIC DISEASE TESTING	11	11		1,155.00	105.0	0 .100	105.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.0	0.000	.00	
OCCUPATIONAL THERAPIST	0	0		.00	.0	0 .000	.00	
OPTICIAN	54	124		1,032.65	8.3	3 1.127	19.12	
PHYSICAL THERAPIST	0	0		.00	.0	0 .000	.00	
PORTABLE X-RAY	0	0		.00	.0	0 .000	.00	
PROSTHETIST/ORTHOTISTS	0	0		.00	.0	0 .000	.00	
PROSTHETICS	0	0		.00	.0	0 .000	.00	
ORTHOTICS	0	0		.00	.0	0 .000	.00	
PSYCHOLOGIST	0	0		.00	.0	0 .000	.00	
SPEECH AND AUDIOLOGY	0	0		.00	.0	0 .000	.00	
HOSPICE SERVICES	0	0		.00	.0	0 .000	.00	
NONINST BIRTHING CENTERS	0	0		.00	.0	0 .000	.00	
LOCAL EDUCATION AGENCIES	148	606		6,032.89	9.9	6 5.509	40.76	
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.0	0 .000	.00	
RESPIRATORY CARE PRACT.	0	0		.00	.0	0 .000	.00	
PED SUBACUTE REHAB/WEANING	0	0		.00	.0	0 .000	.00	
ALL OTHER PROVIDERS	0	0		.00	.0	0 .000	.00	
@CALIF. CHILDREN SERVICES*	73	304	\$	51,930.53	\$ 170.8	2 2.764	\$ 711.38	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$ .0	0.000	\$ .00	\$
@* TOTALS IN THESE LINES ARE CIV	יבאז אכ א כבסאסאידב י	INEODMATION .	TTEM ON	T.V •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 P
MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

			,			MON	THLY AVERA	GE -
12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	C Fi
@TOTAL, ALL PROVIDERS	38	98	\$	6,500.06		8.167 \$		\$
@PHYSICIANS SERVICES	9	16	\$	757.40		1.333 \$	84.16	\$
OUTPATIENT VISITS	6	9	·	434.39	48.27	.750	72.40	·
OFFICE VISITS	3	3		96.82	32.27	.250	32.27	
HOME VISITS	0	0		.00	.00	.000	.00	
EMERGENCY ROOM	2	2		130.66	65.33	.167	65.33	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	
OTHER OUTPATIENT	2	4		206.91	51.73	.333	103.46	
INPATIENT VISITS	0	0		.00	.00	.000	.00	
HOSPITAL VISITS	0	0		.00	.00	.000	.00	
CRITICAL CARE	0	0		.00	.00	.000	.00	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	
EXAMINATIONS	0	0		.00	.00	.000	.00	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	1
OUTPATIENT SURGERY	1	1		91.55	91.55	.083	91.55	
PRINCIPAL SURGEON	1	1		91.55	91.55	.083	91.55	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	
DIALYSIS	0	0		.00	.00	.000	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	
RADIOLOGY	2	2		139.62	69.81	.167	69.81	•
PSYCHIATRY	0	0		.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	3	4		91.84	22.96	.333	30.61	•
@PHARMACY	7	11	\$	799.32 \$	72.67	.917	\$ 114.19	\$
PRESCRIPTION DRUGS	7	11		799.32	72.67	.917	114.19	1
SNF/ICF	0	0		.00	.00	.000	.00	
OUTPATIENTS	7	11		799.32	72.67	.917	114.19	1
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	
@DENTIST	5	15	\$	567.00 \$	37.80	1.250	\$ 113.40	\$
VISITS - DIAGNOSTIC	2	11		120.00	10.91	.917	60.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	
DRUGS	0	0		.00	.00	.000	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	
ENDODONTICS	1	1		330.00	330.00	.083	330.00	
RESTORATIVE DENTISTRY	3	3		117.00	39.00	.250	39.00	
PROSTHETICS	0	0		.00	.00	.000	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES MONTH	-OF-PAYMENT REPO	RT FOR JAN	2005 THRU	DEC 2005	PA
MOP024	FEE-FOR-SERVICE/DEN	ITAL						

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

12 ELIGIBLES USERS UNITS OF SERVICE **EXPENDITURES** AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @OPTOMETRIST \$ 0 0 .00 .00 .000 \$ .00 DIAGNOSTIC AND ANC. PROCED .00 .00 .000 .00 0 EYE APPLIANCES .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 @CHIROPRACTOR .00 .00 .000 .00 VISITS 0 .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 \$ @PODIATRIST .00 .00 .000 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .000 SURGERY/ANES. .00 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 OTHER .00 .000 0 .00 .00 @HOME HEALTH AGENCY .00 .00 .000 .00 .00 .000 NURSE ANESTHESIST .00 .00 .000 NURSE MIDWIFE .00 .00 .00 PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 \$ .00 @TOTAL HOSPITAL 1,584.75 46.61 2.833 \$ 176.08

----- MONTHLY AVERAGE -

NON-DSC HOSPITAL TOTAL		U		U		.00		.00		.000		.00	
ACCOMMODATIONS		0		0		.00		.00		.000		.00	
ADMINISTRATIVE DAYS		0		0		.00		.00		.000		.00	
TRANSITIONAL IP CARE		0		0		.00		.00		.000		.00	
ALL OTHER ACCOM		0		0		.00		.00		.000		.00	
ANCILLARIES		0		0		.00		.00		.000		.00	
INPATIENT CROSSOVERS		0		0		.00		.00		.000		.00	
ALL OTHER INPATIENT		0		0		.00		.00		.000		.00	
HOSP OUTPATIENT TOTAL		9		34		1,584.75		46.61	2	2.833		176.08	
MEDICAL		2		2		379.36		189.68		.167		189.68	
SURGERY		0		0		.00		.00		.000		.00	
PATHOLOGY		6		15		177.88		11.86	1	.250		29.65	
RADIOLOGY		1		2		408.91		204.46		.167		408.91	
ROOM USE		5		7		240.60		34.37		.583		48.12	
CROSSOVERS/ALL OTH OUTPTNT		4		8		378.00		47.25		.667		94.50	
@COUNTY HOSPITAL TOTAL		0		0	\$	.00	\$	.00		.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL		0		0		.00		.00		.000		.00	
HSC HOSPITALS		0		0		.00		.00		.000		.00	
NON-HSC HOSPITALS TOTAL		0		0		.00		.00		.000		.00	
ACCOMMODATIONS		0		0		.00		.00		.000		.00	
ADMINISTRATIVE DAYS		0		0		.00		.00		.000		.00	
TRANSITIONAL IP CARE		0		0		.00		.00		.000		.00	
ALL OTHER ACCOM		0		0		.00		.00		.000		.00	
ANCILLARIES		0		0		.00		.00		.000		.00	
INPATIENT CROSSOVERS		0		0		.00		.00		.000		.00	
ALL OTHER INPATIENT		0		0		.00		.00		.000		.00	
CO HOSP OUTPATIENT TOTAL		0		0		.00		.00		.000		.00	
MEDICAL		0		0		.00		.00		.000		.00	
SURGERY		0		0		.00		.00		.000		.00	
PATHOLOGY		0		0		.00		.00		.000		.00	
RADIOLOGY		0		0		.00		.00		.000		.00	
ROOM USE		0		0		.00		.00		.000		.00	
CROSSOVERS/ALL OTH OUTPTNT		0		0		.00		.00		.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL	SERVICES	AND	EXPENDITURE	ES N	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2005	THRU	DEC	2005	PA

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HOSP INPATIENT TOTAL

NON-HSC HOSPITAL TOTAL

HSC HOSPITALS

MOP024 FEE-FOR-SERVICE/DENTAL SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR

SANTA CRUZ COUNTY

SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

SANTA CRUZ COUNTY	SUMMARY OF SERV	VICES FOR SSI AP	PEAL/N	ILDC IN PA-DISABLE	LD A.	ID CODES 61			יי מייני אייני	OF.
12 ELIGIBLES	USERS	UNITS OF SERVIC	יסו	EXPENDITURES	7\ 7.77		M			√GE -
12 ELIGIBLES	USEKS	OR DAYS OF CAR		EXPENDITURES		R UNIT/DAY			USER	E
@COMMUNITY HOSPITAL TOTAL	9	OR DAIS OF CAR	.E. \$	1,584.75		46.61	2.833		176.08	\$
	0	0	Ą	•	Ą	.00	.000	Ą	.00	Ą
COMM HOSP INPATIENT TOTAL	0			.00						
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0			.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	9	34		1,584.75		46.61	2.833		176.08	
MEDICAL	2	2		379.36		189.68	.167		189.68	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	6	15		177.88		11.86	1.250		29.65	
RADIOLOGY	1	2		408.91		204.46	.167		408.91	
ROOM USE	5	7		240.60		34.37	.583		48.12	
CROSSOVERS/ALL OTH OUTPTNT	4	8		378.00		47.25	.667		94.50	
@STATE HOSPITAL	0	0	\$	.00	Ġ	.00	.000	Ś	.00	\$
MENTALLY ILL	0	0	т.	.00	7	.00	.000	т.	.00	7
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	0	0	\$	.00	Ś	.00	.000	Ś	.00	\$
LEV A-INTERMEDIATE	0	0	٧	.00	۲	.00	.000	۲	.00	۲
LEV B-REHAB MD	0	0		.00		.00	.000		.00	
LEV B-KEHAB MD  LEV B-SUBACUTE FREESTANDING	ŭ	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
	0	0								
LEV B-REGULAR	0	0	Ċ	.00	4	.00	.000	4	.00	d
@INTERMEDIATE CARE FACILDD			\$	.00	\$	.00	.000	Þ	.00	\$
ICF DDH	0	0		.00		.00	.000		.00	
ICF DD	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	Ş	.00	.000	Ş	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
HEMODIALYSIS CENTER	0	0	4.	.00		.00	.000	4.	.00	
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	Ş	.00	\$
HOSPITAL BASED	0	0		.00		.00	.000		.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0		.00		.00	.000		.00	
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	8	13	\$	2,706.80	\$	208.22	1.083	\$	338.35	\$
CLINIC	0	0		.00		.00	.000		.00	
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00	
RURAL HEALTH CLINIC	8	13		2,706.80		208.22	1.083		338.35	
#CALIF DEPT OF HEALTH SERV			RES MC	NTH-OF-PAYMENT RE	EPORT	r for Jan 2	2005 THRU	DEC		PA
MOP024	FEE-FOR-SERVICE									
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SUMMARY OF SERVICES FOR SSI APPEAL/NLDC IN PA-DISABLED AID CODES 6N 6P

⁻⁻⁻⁻⁻ MONTHLY AVERAGE -

12 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	C E
@ALL OTHER PROVIDERS	5	9 \$	84.79	\$ 9.42	.750 \$		\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	·
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	3	6	57.40	9.57	.500	19.13	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	2	3	27.39	9.13	.250	13.70	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	
@CALIF. CHILDREN SERVICES*	11	39 \$	1,605.06	\$ 41.16	3.250 \$	145.91	\$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00	\$
* TOTALC IN TURCE IINEC ADE CIN	ידער ער אי כבייאר איי	TE THEODMATTON TTEM ON	IT V.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SANTA CRUZ COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

AID CODE 1E

SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED

----- MONTHLY AVERAGE -USERS AVERAGE COST UNITS/DAYS COST PER 00 ELIGIBLES UNITS OF SERVICE EXPENDITURES OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @TOTAL, ALL PROVIDERS 99 230 21,550.52 \$ 93.70 .000 \$ 217.68 @PHYSICIANS SERVICES 0 0 .00 .00 .000 \$ .00 \$ .00 .000 OUTPATIENT VISITS .00 .00 Ω .00 .000 OFFICE VISITS .00 .00 .00 .000 HOME VISITS .00 .00 .00 .000 EMERGENCY ROOM .00 .00 PREVENTIVE CARE .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 OTHER OUTPATIENT .00 .00 .000 .00 INPATIENT VISITS .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 CRITICAL CARE .000 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0	.00		.00	.000		.00	
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00	
ASSISTANT SURGEON	0	0	.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00	
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00	
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00	
ASSISTANT SURGEON	0	0	.00		.00	.000		.00	
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00	
DIALYSIS	0	0	.00		.00	.000		.00	
PATHOLOGY	0	0	.00		.00	.000		.00	
RADIOLOGY	0	0	.00		.00	.000		.00	
PSYCHIATRY	0	0	.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	0	0	.00	4.	.00	.000	1.	.00	4.
@PHARMACY	47	64 \$		\$	107.92	.000	\$	146.96	\$
PRESCRIPTION DRUGS	47	64	6,906.93		107.92	.000		146.96	
SNF/ICF	43	5 <u>7</u>	6,184.75		108.50	.000		143.83	
OUTPATIENTS	5	7	722.18		103.17	.000		144.44	
MEDICAL SUPPLIES	0	0	.00	4.	.00	.000	1.	.00	4.
@DENTIST	11	29 \$	•	\$	59.28	.000	\$	156.27	\$
VISITS - DIAGNOSTIC	9	26	369.00		14.19	.000		41.00	
ORAL SURGERY	0	0	.00		.00	.000		.00	
DRUGS	0	0	.00		.00	.000		.00	
ANESTHESIA	0	0	.00		.00	.000		.00	
PERIODONTICS	0	0	.00		.00	.000		.00	
ENDODONTICS	0	0	.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0	0	.00		.00	.000		.00	
PROSTHETICS	0	0	.00		.00	.000		.00	
DENTURES, STAYPLATES	2	3	1,350.00		450.00	.000		675.00	
SPACE MAINTAINERS	0	0	.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0	.00		.00	.000		.00	
ALL OTHER SERVICES	0	0	.00		.00	.000	550	.00	
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	CES AND EXPENDITURES	6 MONTH-OF-PAYMENT R	EPORT	FOR JAN	2005 THRU	DEC	2005	PΑ
SANTA CRUZ COUNTY		ICES FOR CRAIG CAS	SES- AGED IN PA-AGED		AID COL	E 1E			
						M		HLY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY		COST PER	C
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	0	0 \$	.00	\$	.00	.000	\$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	
EYE APPLIANCES	0	0	.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	
@CHIROPRACTOR	0	0 \$		\$	.00	.000	\$	.00	\$
VISITS	0	0	.00		.00	.000		.00	
OTHER SERVICES	0	0	.00		.00	.000		.00	
@PODIATRIST	0	0 \$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	
SURGERY/ANES.	0	0	.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	
OTHER	0	0	.00		.00	.000	,	.00	
@HOME HEALTH AGENCY	0	0 \$	.00	\$	.00	.000	\$	.00	Ş

NUID OF AN ECHILLOTON	0			4	0.0	4	0.0	0.00	4	0.0	à
NURSE ANESTHESIST	0		0 \$	2	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0		0 5		.00	Ş	.00	.000		.00	\$
PEDIATRIC NURSE PRACTITIONER	0		0 5	5	.00	Ş	.00	.000		.00	
FAMILY NURSE PRACTITIONER	0		0 \$		.00	Ş	.00	.000		.00	
@TOTAL HOSPITAL	0		0 \$	5	.00	\$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00	
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
ANCILLARIES	0		0								
	0		0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00	
MEDICAL	0		0		.00		.00	.000		.00	
SURGERY	0		0		.00		.00	.000		.00	
PATHOLOGY	0		0		.00		.00	.000		.00	
RADIOLOGY	0		0		.00		.00	.000		.00	
ROOM USE	0		0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0		0 \$	3	.00	\$	.00	.000	Ś	.00	\$
CO HOSPITAL INPATIENT TOTAL	0		0	7	.00	۲	.00	.000	4	.00	۲
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
	0		0								
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
ANCILLARIES	0		0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00	
MEDICAL	0		0		.00		.00	.000		.00	
SURGERY	0		0		.00		.00	.000		.00	
PATHOLOGY	0		0		.00		.00	.000		.00	
RADIOLOGY	0		0		.00		.00	.000		.00	
ROOM USE	0		0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV		CES AND EXPE	NDITURES	MONTH-OF		PORT			DEC		PÆ
	FEE-FOR-SERVIC										
SANTA CRUZ COUNTY	SUMMARY OF SEF		RATG CAS	SES- AGED	IN PA-AGED		AID CODE	7 1 E			
DINVIII CROZ COUNTI	DOINGING OF DEL	CVICED FOR C	14110 011	71010	111 111 11000		1110 0001	M	IONTH	ILY AVERA	GE -
00 ELIGIBLES	USERS	UNITS OF S	ERVICE	EXP	ENDITURES	7/L'E	AGE COST	UNITS/DAY			C
00 HHIGIDHID	CELICE	OR DAYS O		11211	HINDITORED			PER ELIC		USER	Ē
@COMMUNITY HOSPITAL TOTAL	0	OK DAIS O	0 \$	4	0.0	\$	.00	.000		.00	\$
	0		0 4	?	.00	Ą			ې		Ą
COMM HOSP INPATIENT TOTAL			-		.00		.00	.000		.00	
HSC HOSPITALS	0		0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	
ACCOMMODATIONS	0		0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	
ANCILLARIES	0		0		.00		.00	.000		.00	

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00	.00	.000	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	
ROOM USE	0	0	.00	.00	.000	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	
@STATE HOSPITAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	
@NURSING FACILITY	1	0	\$ 985.50	\$ .00	.000	\$ 985.50	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
LEV B-REGULAR	1	0	985.50	.00	.000	985.50	
@INTERMEDIATE CARE FACILDD	0	0	\$ .00	\$ .00	.000	\$ .00	\$
ICF DDH	0	0	.00	.00	.000	.00	
ICF DD	0	0	.00	.00	.000	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	
@REHABILITATION FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	
@LABORATORY FACILITY	0	0	\$ .00	\$ .00	.000	\$ .00	\$
PATHOLOGY	0	0	.00	.00	.000	.00	
XO AND OTHERS	0	0	.00	.00	.000	.00	
@ORGANIZED OUTPATIENT CLINIC	21	90	\$ 10,914.88	\$ 121.28	.000	\$ 519.76	\$
CLINIC	0	0	.00	.00	.000	.00	
SURGICENTER	0	0	.00	.00	.000	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	

FEE-FOR-SERVICE/DENTAL

MOP024

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- AGED IN PA-AGED AID CODE 1E

					MON	THLY AVERAG	GE -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY		USER	E
@ALL OTHER PROVIDERS	23	47 \$	1,024.21	\$ 21.79	.000 \$	44.53	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	•
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	2	5	508.00	101.60	.000	254.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	19	40	502.96	12.57	.000	26.47	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	2	2	13.25	6.63	.000	6.63	
@CALIF. CHILDREN SERVICES*	0	0 \$	.00	\$ .00	.000 \$	.00	\$
@XOVER EXCLUDING STATE HOSP**	3	2 \$	998.75	\$ 499.38	.000 \$	332.92	\$
⊕+ momato in milipor tindo and	ATTENT A A ADDAD	AND TAIDODMANTON THOM ON	TT 37				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- BLIND IN PA-BLIND AID CODE 2E

DIMITI CHOL COUNTY	DOINING OF DERVICE	do rott citate ca	BEIND IN IN BEIN	1111 0001				
					MON	THLY AVERA	GE -	
00 ELIGIBLES	USERS UI	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	
	(	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	
@TOTAL, ALL PROVIDERS	4	14	\$ 2,211.68	\$ 157.98	.000 \$	552.92	\$	
@PHYSICIANS SERVICES	0	0	\$ .00	\$ .00	.000 \$	.00	\$	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00		
OFFICE VISITS	0	0	.00	.00	.000	.00		
HOME VISITS	0	0	.00	.00	.000	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INPATIENT VISITS	0		0		.00		.00	.000		.00	
HOSPITAL VISITS	0		0		.00		.00	.000		.00	
CRITICAL CARE	0		0		.00		.00	.000		.00	
SNF/ICF/TRANS IP CARE	0		Ö		.00		.00	.000		.00	
	0		0							.00	
OPHTHALMOLOGICAL SERVICES	0				.00		.00	.000			
EXAMINATIONS	Ü		0		.00		.00	.000		.00	
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	
	0		0								
ANESTHESIOLOGIST	0				.00		.00	.000		.00	
DIALYSIS	0		0		.00		.00	.000		.00	
PATHOLOGY	0		0		.00		.00	.000		.00	
RADIOLOGY	0		0		.00		.00	.000		.00	
PSYCHIATRY	0		0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00	
@PHARMACY	1		1	\$	312.46	\$	312.46		\$	312.46	\$
PRESCRIPTION DRUGS	1		1	۲	312.46	۲	312.46	.000	4	312.46	۲
SNF/ICF	1		1		312.46		312.46	.000		312.46	
	0										
OUTPATIENTS	0		0		.00		.00	.000		.00	
MEDICAL SUPPLIES	0		0	1.	.00		.00	.000	4.	.00	4.
@DENTIST	2			\$	940.00	\$	235.00	.000	Ş	470.00	\$
VISITS - DIAGNOSTIC	1		2		40.00		20.00	.000		40.00	
ORAL SURGERY	0		0		.00		.00	.000		.00	
DRUGS	0		0		.00		.00	.000		.00	
ANESTHESIA	0		0		.00		.00	.000		.00	
PERIODONTICS	0		0		.00		.00	.000		.00	
ENDODONTICS	0		0		.00		.00	.000		.00	
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00	
PROSTHETICS	0		0		.00		.00	.000		.00	
	0										
DENTURES, STAYPLATES	1		2 0 0		900.00		450.00	.000		900.00	
SPACE MAINTAINERS	0		0		.00		.00	.000		.00	
MAXILLOFACIAL SERVICES	0				.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00	
ALL OTHER SERVICES	0		0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXI	PENDITURE	S MON	ITH-OF-PAYMENT RE	PORT	FOR JAN 2	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE	/DENTAL									
SANTA CRUZ COUNTY			CRAIG CA	SES-	BLIND IN PA-BLIN	ID	AID CODE	E 2E			
			01.			-	0001	M	ОМТН	TY AVERZ	GE -
00 ELIGIBLES	USERS	UNITS OF	SEBVICE		EXPENDITURES	Δ (/⊏1	PACE COST	UNITS/DAY			C
00 51161015	CNECO	OR DAYS			TWETINDITONES			PER ELIG		USER	E
		OK DAIS	OF CARE			PEK	ONTI/DAY	LUK EPIG		ODEK	. E

							OINI	TILL AVENA	701-
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	E
@OPTOMETRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	
EYE APPLIANCES	0	0	.00		.00	.000		.00	
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$ .00	\$	.00	.000	\$	.00	\$
VISITS	0	0	.00		.00	.000		.00	
OTHER SERVICES	0	0	.00		.00	.000		.00	
@PODIATRIST	0	0	\$ .00	\$	.00	.000	\$	.00	\$

MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	0		.00		.00	.000		.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
NURSE ANESTHESIST	0	0	Š	.00	\$	.00	.000	\$	.00	\$
NURSE MIDWIFE	0	0	Ċ	.00	\$	.00	.000	\$	.00	\$
PEDIATRIC NURSE PRACTITIONER	0	0	ب ب	.00	\$	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	ې د							•
	0		Ş C	.00	\$	.00	.000	\$	.00	\$
@TOTAL HOSPITAL	0	0	Ş	.00	\$	.00	.000	\$	.00	\$
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	•	.00	.000	·	.00	·
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0					.000		.00	
· · ·			TDDG MC	.00		.00		חחמ		T) 7
#CALIF DEPT OF HEALTH SERV MOP024			JRES MC	NTH-OF-PAYMENT RE	LPORT	FOR JAN 2	UUS IHKU	DEC	2005	PA
	FEE-FOR-SERVIC		az ana	DITAID TAI DA DITA	TD	ATD CODE	0.11			
SANTA CRUZ COUNTY	SUMMARY OF SER	RVICES FOR CRAIG	CASES-	BLIND IN PA-BLIN	עוו	AID CODE			T 37 - 3 3 7 7 7 7 3	CF.
00 ELICIDIEC	HOEDO	INTER OF CERTIF	מה	EADEMDIGIDES	77777	ACE COCE	M			
00 ELIGIBLES	USERS	UNITS OF SERVIO		EXPENDITURES			UNITS/DAY			C
ecomminately itoopters monst	^	OR DAYS OF CAR		0.0		,	PER ELIG		USER	Ë
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	Þ	.00	Þ
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	

.00

.00

.000

.00

NON-HSC HOSPITALS TOTAL

ACCOMMODATIONS	0		0			.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0		0			.00		.00	.000		.00	
TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00	
ALL OTHER ACCOM	0		0			.00		.00	.000		.00	
ANCILLARIES	0		0			.00		.00	.000		.00	
INPATIENT CROSSOVERS	0		0			.00		.00	.000		.00	
ALL OTHER INPATIENT	0		0			.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	0		0			.00		.00	.000		.00	
MEDICAL	0		0			.00		.00	.000		.00	
SURGERY	0		0			.00		.00	.000		.00	
PATHOLOGY	0		0			.00		.00	.000		.00	
RADIOLOGY	0		0			.00		.00	.000		.00	
ROOM USE	0		0			.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0		0			.00		.00	.000		.00	
@STATE HOSPITAL	0		0	\$		.00	\$	.00	.000	Ś	.00	\$
MENTALLY ILL	0		0	۲		.00	۲	.00	.000	۲	.00	۲
DEVELOP. DISABLED	0		0			.00		.00	.000		.00	
@NURSING FACILITY	0		0	\$		.00	\$	.00	.000	Ś	.00	\$
LEV A-INTERMEDIATE	0		0	۲		.00	۲	.00	.000	۲	.00	۲
LEV B-REHAB MD	0		0			.00		.00	.000		.00	
LEV B-SUBACUTE FREESTANDING	0		0			.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0		0			.00		.00	.000		.00	
LEV B-SOBACOTE HISTEL BASED LEV B-TRANSITIONAL IP CARE	0		0			.00		.00	.000		.00	
LEV B-REGULAR	0		0			.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0		0	\$		.00	Ś	.00	.000	Ś	.00	Ś
ICF DDH	0		0	ې		.00	Ą	.00	.000	Ą	.00	ې
ICF DD	0		0			.00		.00	.000		.00	
ICF DD ICF DDN/DDCN	0		0			.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0		0	\$		.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0		0	Ą		.00	Ą	.00	.000	Ą	.00	Ą
HEMODIALYSIS CENTER	0		0			.00		.00	.000		.00	
	0		0	4			٠,			ė.		<u>ب</u>
@REHABILITATION FACILITY	0		-	\$		.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0		0			.00		.00	.000		.00	
INDEPENDENT FACILITY	0		0			.00		.00	.000		.00	
@LABORATORY FACILITY	0		0	\$		.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0		0			.00		.00	.000		.00	
XO AND OTHERS	0		0		•	.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	1		9	\$	9	59.22	\$	106.58	.000	\$	959.22	\$
CLINIC	0		0			.00		.00	.000		.00	
SURGICENTER	0		0			.00		.00	.000		.00	
HEROIN DETOX CLINIC	0		0			.00		.00	.000		.00	
RURAL HEALTH CLINIC	1		9			59.22		106.58	.000	~	959.22	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		ENDITU	IRES MO	N'I'H-OF'-PAY	MEN'I' RE	EPORT	FOR JAN 2	1005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/											
SANTA CRUZ COUNTY	SUMMARY OF SERVI	CES FOR	CRAIG	CASES-	BLIND IN	PA-BLIN	ND	AID CODE				
									M			
00 ELIGIBLES	USERS	UNITS OF			EXPENDI'	TURES		RAGE COST	,		COST PER	C
	_	OR DAYS						UNIT/DAY			USER	E
@ALL OTHER PROVIDERS	0		0	\$		.00	\$	.00	.000		.00	\$
DURABLE MED. ECUIP.	0		Ο			0.0		0.0	000		0.0	

					MON'	THLY AVERAGI	E -
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	

OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	.00 \$	.00	.000 \$	.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00 \$	.00	.000 \$	.00 \$
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE TI	NEORMATION ITEM ONLY:				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

							M	$\Gamma$ NO	HLY AVERA	.GE -
15 ELIGIBLES	USERS	UNITS OF SERVIC	Ε	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	C
		OR DAYS OF CAR	Ε		PER	UNIT/DAY	PER ELIG		USER	E
@TOTAL, ALL PROVIDERS	978	6,540	\$	559,139.00	\$	85.50	436.000	\$	571.72	\$ 3
@PHYSICIANS SERVICES	40	112	\$	7,728.32	\$	69.00	7.467	\$	193.21	\$
OUTPATIENT VISITS	23	28		1,658.29		59.22	1.867		72.10	
OFFICE VISITS	5	5		307.91		61.58	.333		61.58	

HOME VISITS	0	0		.00		.00	.000		.00	
EMERGENCY ROOM	4	4		386.55		96.64	.267		96.64	
PREVENTIVE CARE	0	0		.00		.00	.000		.00	
HOME VISITS EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT	0	0		.00		.00	.000		.00	
OB VISIIS/COMPRE PERI	16	19								
OTHER OUTPATIENT	16			963.83		50.73	1.267		60.24	
INIAIIENI VIDIID	<u> </u>	11		1,014.64		92.24	.733		1014.64	
HOSPITAL VISITS	1	9		643.96		71.55	.600		643.96	
CRITICAL CARE	1	2		370.68		185.34	.133		370.68	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	
OPHTHALMOLOGICAL SERVICES	2	3		165.13		55.04	.200		82.57	
EXAMINATIONS	2	3		165.13		55.04	.200		82.57	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	3	14		1,086.92		77.64			362.31	
	3									
PRINCIPAL SURGEON	2	3		730.11		243.37	.200		365.06	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	2	11		356.81		32.44	.733		178.41	
OUTPATIENT SURGERY	5	20		1,145.56		57.28	1.333		229.11	
PRINCIPAL SURGEON	2	5		1,145.56		113.83	.333		284.58	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	
ANESTHESIOLOGIST	3	15		576.41		38.43	1.000		192.14	
DIALYSIS	0	0		.00		.00	.000		.00	
PATHOLOGY	0	2		96.30		48.15	.133		48.15	
	2									
RADIOLOGY	8	18		1,517.00		84.28	1.200		189.63	
PSYCHIATRY	0	0		.00		.00	.000		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	
OTHER SERVICES/ALL X-OVERS	9	16		1,044.48		65.28	1.067		116.05	
@PHARMACY	514	16 3,933 1,346	\$	286,157.70	\$	72.76	262.200	\$	556.73	\$ 1
PRESCRIPTION DRUGS	505	1,346		270,502.18	•	200.97	89.733	•	535.65	. 1
SNF/ICF	171	482		90,777.15		188.33	32.133		530.86	
OUTPATIENTS	353	864		179,725.03		208.02	57.600		509.14	1
MEDICAL SUPPLIES	333	2,587				6.05	172.467		559.13	_
MEDICAL SUPPLIES	20		4	15,655.52	4					4
@DENTIST	80	317	Ş	11,270.60	\$		21.133		140.88	Ş
VISITS - DIAGNOSTIC	49	179		2,158.10		12.06	11.933		44.04	
ORAL SURGERY	10	30		1,398.00		46.60	2.000		139.80	
DRUGS	2	3		50.00		16.67	.200		25.00	
ANESTHESIA	2	2 7		200.00		100.00	.133		100.00	
PERIODONTICS	7	7		826.00		118.00	.467		118.00	
ENDODONTICS	514 505 171 353 28 80 49 10 2 2 7 6	6		1,090.00		181.67	.400		181.67	
RESTORATIVE DENTISTRY	18	32		1,642.00		51.31	2.133		91.22	
PROSTHETICS	0	0		.00		.00	.000		.00	
	_	45					3.000		244 22	
DENTURES, STAYPLATES	11			3,786.50		84.14				
SPACE MAINTAINERS	1	1		120.00		120.00	.067		120.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	
ALL OTHER SERVICES	2	12		.00		.00	.800		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		RES		PORT			DEC		PA
MODO24	FFF_FOD_GFDVICE/DF		-~							

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E

----- MONTHLY AVERAGE -15 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @OPTOMETRIST 5 16 276.56 17.29 1.067 \$ 55.31 \$ DIAGNOSTIC AND ANC. PROCED 94.90 23.73 .267 3 4 31.63 EYE APPLIANCES 12 181.66 15.14 .800 45.42

OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$
VISITS	0	0		.00		.00	.000		.00	
OTHER SERVICES	0	0		.00		.00	.000		.00	
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MEDICINE/INJECTIONS	0	0	·	.00	•	.00	.000	·	.00	
SURGERY/ANES.	0	0		.00		.00	.000		.00	
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	
OTHER	0	Ö		.00		.00	.000		.00	
@HOME HEALTH AGENCY	5	11	ė.	823.46	بع	74.86	.733	بع	164.69	بع
NURSE ANESTHESIST	5		ج ج		\$			\$		ې خ
	0	0	Ş	.00	Ş	.00	.000		.00	\$
NURSE MIDWIFE	0	0	\$	.00	Ş	.00	.000	\$	.00	Ş
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	Ş	.00	.000	\$	.00	\$
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	ş	.00	.000	Ş	.00	Ş
@TOTAL HOSPITAL	55	239	\$	56,482.36	\$	236.33	15.933	\$	1026.95	\$
HOSP INPATIENT TOTAL	9	24		48,222.00		2009.25	1.600		5358.00	
HSC HOSPITALS	3	24		42,750.00		1781.25	1.600		14250.00	
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	6	0		5,472.00		.00	.000		912.00	
	0	0		,						
ALL OTHER INPATIENT	48			.00		.00	.000		.00	
HOSP OUTPATIENT TOTAL		215		8,260.36		38.42	14.333		172.09	
MEDICAL	4	5		276.21		55.24	.333		69.05	
SURGERY	5	7		385.32		55.05	.467		77.06	
PATHOLOGY	18	109		860.07		7.89	7.267		47.78	
RADIOLOGY	7	9		3,780.22		420.02	.600		540.03	
ROOM USE	27	37		1,525.33		41.23	2.467		56.49	
CROSSOVERS/ALL OTH OUTPTNT	14	48		1,433.21		29.86	3.200		102.37	
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00	
HSC HOSPITALS	0	0		.00		.00	.000		.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0	0		.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	0	0				.00				
	0	-		.00			.000		.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00	
MEDICAL	0	0		.00		.00	.000		.00	
SURGERY	0	0		.00		.00	.000		.00	
PATHOLOGY	0	0		.00		.00	.000		.00	
RADIOLOGY	0	0		.00		.00	.000		.00	
ROOM USE	0	0		.00		.00	.000		.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	RES MO	NTH-OF-PAYMENT RE	POR	r for Jan	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DENTAL									
SANTA CRUZ COUNTY	SUMMARY OF SERVICES FOR	CRAIG (	CASES-	DISABLED IN PA-D	ISA	BLED AID (	CODE 6E			
		-						ייינו ו	TIV VILDV	CF -

SUMMARY OF SERVICES FOR CRAIG CASES- DISABLED IN PA-DISABLED AID CODE 6E ----- MONTHLY AVERAGE -

		OR DAYS OF CAR	┎		ושם	R UNIT/DAY	PER ELIG		USER	E
@COMMUNITY HOSPITAL TOTAL	55	239	\$	56,482.36	\$	236.33			1026.95	\$
COMM HOSP INPATIENT TOTAL	9	24	۲	48,222.00	۲	2009.25	1.600	۲	5358.00	۲
HSC HOSPITALS	3	24		42,750.00		1781.25	1.600		14250.00	
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00	
ACCOMMODATIONS	0			.00		.00	.000		.00	
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000		.00	
ANCILLARIES	0	0		.00		.00	.000		.00	
INPATIENT CROSSOVERS	6	0		5,472.00		.00	.000		912.00	
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	
COMM HOSP OUTPATIENT TOTAL	48	215		8,260.36		38.42	14.333		172.09	
MEDICAL	4	5		276.21		55.24	.333		69.05	
SURGERY	5	7		385.32		55.05	.467		77.06	
PATHOLOGY	18	109		860.07		7.89	7.267		47.78	
RADIOLOGY	7	9		3,780.22		420.02	.600		540.03	
ROOM USE	27	37		1,525.33		41.23	2.467		56.49	
CROSSOVERS/ALL OTH OUTPTNT	14	48		1,433.21		29.86	3.200		102.37	
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
MENTALLY ILL	0	0	۲	.00	۲	.00	.000	۲	.00	۲
DEVELOP. DISABLED	0	0		.00		.00	.000		.00	
@NURSING FACILITY	6	201	\$	30,658.53	\$	152.53	13.400	\$	5109.76	\$
LEV A-INTERMEDIATE	0	0	۲	.00	۲	.00	.000	Y	.00	۲
LEV B-REHAB MD	6	201		30,658.53		152.53	13.400		5109.76	
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	
LEV B-REGULAR	0	0		.00		.00	.000		.00	
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	Ŝ	.00	\$
ICF DDH	0	0	Ą	.00	Ą	.00	.000	Ą	.00	ې
ICF DDA	0	0		.00		.00	.000		.00	
ICF DDN/DDCN	0	0		.00		.00	.000		.00	
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$
HOSPITAL BASED	0	0	Ą	.00	Ą	.00	.000	Ą	.00	ې
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00	
@REHABILITATION FACILITY	18	206	\$	2,549.84	\$	12.38	13.733	\$	141.66	\$
HOSPITAL BASED	1	1	Ą	80.00	Ą	80.00	.067	Ą	80.00	ې
INDEPENDENT FACILITY	17	205		2,469.84		12.05	13.667		145.28	
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$
PATHOLOGY	0	0	Ą	.00	Ą	.00	.000	٢	.00	ې
XO AND OTHERS	0	0		.00		.00	.000		.00	
@ORGANIZED OUTPATIENT CLINIC	289	589	\$	138,973.96	\$	235.95	39.267	Ŝ	480.88	\$
CLINIC CLINIC	0	0	Ą	.00	Ą	.00	.000	Ą	.00	ې
SURGICENTER	0	0		.00		.00	.000		.00	
HEROIN DETOX CLINIC	0	0		.00		.00			.00	
RURAL HEALTH CLINIC	289	589		138,973.96		235.95	.000 39.267		480.88	
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	DEC M					חפכ		PA
MOP024	FEE-FOR-SERVIC		MES M	SNIH-OF-PAIMENI K	EPOR.	I FOR UAIN 2	OVA THRO	DEC	2005	FF.
SANTA CRUZ COUNTY		VICES FOR CRAIG	CACEC	DICADIED IN DA	חדפאו	סובה אדה ככ	חם גם			
SANTA CROZ COUNTY	SUMMARI OF SER	VICES FOR CRAIG	CASES	- DISABLED IN PA-	DISAL	PUED AID CC	M	ידיזא	מוע אווים א	CF -
15 ELIGIBLES	USERS	UNITS OF SERVIC	다	EXPENDITURES	7/17/7	ERAGE COST				
TO ENTRIDUED	CALCO	OR DAYS OF CAR		EVEUNDIIOKES		R UNIT/DAY			USER	C E
@ALL OTHER PROVIDERS	114		ь \$	24,217.67	\$	26.44	61.067		212.44	
DURABLE MED. EQUIP.	5	24	۲	3,814.90	Ą	158.95	1.600	Ą	762.98	۲
PONADUE MED. EQUIF.	5	24		3,614.90		130.33	1.000		102.30	

BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	2	9	868.62	96.51	.600	434.31	
MEDICAL TRANSPORTATION	2	58	441.53	7.61	3.867	220.77	
AMBULANCES/AIR TRANS	2	57	431.65	7.57	3.800	215.83	
OTHER TRANS	0	0	.00	.00	.000	.00	
OTHER SERVICES	1	1	9.88	9.88	.067	9.88	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	24	382	13,805.19	36.14	25.467	575.22	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	46	110	1,013.81	9.22	7.333	22.04	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	2	6	203.61	33.94	.400	101.81	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	31	322	3,571.63	11.09	21.467	115.21	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	4	5	498.38	99.68	.333	124.60	
@CALIF. CHILDREN SERVICES*	117	3,444 \$	118,346.87	\$ 34.36	229.600	•	\$
@XOVER EXCLUDING STATE HOSP**	8	2 \$	5,490.38	\$ 2745.19	.133	\$ 686.30	\$
⊕+ TOTALC IN THECE IINEC ADE CIVEN	ת אכ א כהטאטאתה	TATECDMATTON THEM (	ANT V.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 MOP024 FEE-FOR-SERVICE/DENTAL

----- MONTHLY AVERAGE -

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

					11010		
15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@TOTAL, ALL PROVIDERS	1,081	6,784 \$	582,901.20	\$ 85.92	452.267 \$	539.22	\$ 3
@PHYSICIANS SERVICES	40	112 \$	7,728.32	\$ 69.00	7.467 \$	193.21	\$
OUTPATIENT VISITS	23	28	1,658.29	59.22	1.867	72.10	
OFFICE VISITS	5	5	307.91	61.58	.333	61.58	
HOME VISITS	0	0	.00	.00	.000	.00	
EMERGENCY ROOM	4	4	386.55	96.64	.267	96.64	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	
OTHER OUTPATIENT	16	19	963.83	50.73	1.267	60.24	
INPATIENT VISITS	1	11	1,014.64	92.24	.733	1014.64	
HOSPITAL VISITS	1	9	643.96	71.55	.600	643.96	
CRITICAL CARE	1	2	370.68	185.34	.133	370.68	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	
OPHTHALMOLOGICAL SERVICES	2	3	165.13	55.04	.200	82.57	
EXAMINATIONS	2	3	165.13	55.04	.200	82.57	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	
INPATIENT HOSPITAL SURGERY	3	14	1,086.92	77.64	.933	362.31	
PRINCIPAL SURGEON	2	3	730.11	243.37	. 200	365.06	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	2	11	356.81	32.44	.733	178.41	
OUTPATIENT SURGERY	5	20	1,145.56	57.28	1.333	229.11	
PRINCIPAL SURGEON	2	5	569.15	113.83	.333	284.58	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	
ANESTHESIOLOGIST	3	15	576.41	38.43	1.000	192.14	
DIALYSIS	0	0	.00	.00	.000	.00	
PATHOLOGY	2	2	96.30	48.15	.133	48.15	
RADIOLOGY	8	18	1,517.00	84.28	1.200	189.63	
PSYCHIATRY	0	0	.00	.00	.000	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	
OTHER SERVICES/ALL X-OVERS	9	16	1,044.48	65.28	1.067	116.05	
@PHARMACY	562	3,998 \$	293,377.09 \$	73.38	266.533 \$	522.02	\$ 1
PRESCRIPTION DRUGS	553	1,411	277,721.57	196.83	94.067	502.21	1
SNF/ICF	215	540	97,274.36	180.14	36.000	452.44	
OUTPATIENTS	358	871	180,447.21	207.17	58.067	504.04	1
MEDICAL SUPPLIES	28	2,587	15,655.52	6.05	172.467	559.13	
@DENTIST	93	350 \$	13,929.60 \$	39.80	23.333 \$	149.78	\$
VISITS - DIAGNOSTIC	59	207	2,567.10	12.40	13.800	43.51	
ORAL SURGERY	10	30	1,398.00	46.60	2.000	139.80	
DRUGS	2	3	50.00	16.67	.200	25.00	
ANESTHESIA	2	2	200.00	100.00	.133	100.00	
PERIODONTICS	7	7	826.00	118.00	.467	118.00	
ENDODONTICS	6	6	1,090.00	181.67	.400	181.67	
RESTORATIVE DENTISTRY	18	32	1,642.00	51.31	2.133	91.22	
PROSTHETICS	0	0	.00	.00	.000	.00	
DENTURES, STAYPLATES	14	50	6,036.50	120.73	3.333	431.18	
SPACE MAINTAINERS	1	1	120.00	120.00	.067	120.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	
ALL OTHER SERVICES	2	12	.00	.00	.800	.00	
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DEC	2005	PA
140 D 0 0 4	THE HOD CHRISTON / DENIES	-					

MOP024 FEE-FOR-SERVICE/DENTAL
SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

⁻⁻⁻⁻⁻ MONTHLY AVERAGE -

## SOPTIONETRIST   5	15 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES		VERAGE COST ER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	C E
CTHER OPPOCRMETRIC SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@OPTOMETRIST	5	16 \$	276.56	5 \$	17.29	1.067	55.31	\$
COTHER CPITOLETER SERVICES 0 0 0 5 0.00 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .000 \$ .0	DIAGNOSTIC AND ANC. PROCED	3	4	94.90	)	23.73	.267	31.63	
OTHER POTOMETRIC SERVICES 0 0 0 5 .00 5 .00 .000 5 .00 \$ VIEITS 0 0 0 5 .00 5 .00 .000 5 .00 \$ VIEITS 0 0 0 0 5 .00 5 .00 .000 5 .00 \$ VIEITS 0 0 0 0 0 .00 .00 .00 .00 .00 .00 .00	EYE APPLIANCES	4	12	181.66	5	15.14	.800	45.42	
### CHINDRACTOR	OTHER OPTOMETRIC SERVICES	0	0						
VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@CHIROPRACTOR	0	0 Ś						Ś
COTHER SERVICES         0         0         5         .00         .00         .00         .00         .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00         \$ .00		0							'
#PODITATEIST 0 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ MEDICINE/INJECTIONS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0							
MEDICINE/INJECTIONS   0									Ś
SUNGERY/AMES.   0		0							۲
PADIOLOSY		0							
## CHOME HEALTH AGENCY	.'								
### HEALTH AGENCY	,	0							
NURSE MIDNIFE  0 0 5 .00 \$ .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 5 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00 6 .00		0							۲.
NURSE MIDWIFE   0		5							
FAMILY NURSE PRACTITIONER		0	0 \$	.00					
FAMILY NURSE PRACTITIONER		0	U Ş	.00					
## STOTAL HOSPITAL   55		0	0 \$	.00					
HOSP INPATIENT TOTAL									Ş
HSC HOSPITALS			•	•					Ş
NON-HSC HOSPITAL TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00									
ACCOMMODATIONS 0 0 0 0 00 00 00 00 00 00 00 00 00 00								14250.00	
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O ALL OTHER ACCOM O ALL OTHER ACCOM O O O O O O O O O O O O O O O O O O	NON-HSC HOSPITAL TOTAL					.00	.000	.00	
TRANSITIONAL IP CARE 0 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00	ACCOMMODATIONS	0	0	.00	)	.00	.000	.00	
ALL OTHER ACCOM 0 0 0 0.00 0.00 0.00 0.00 0.00 ANCILIARIES 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00 0	ADMINISTRATIVE DAYS	0	0	.00	)	.00	.000	.00	
ALL OTHER INPATIENT 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	TRANSITIONAL IP CARE	0	0	.00	)	.00	.000	.00	
ALL OTHER INPATIENT 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	ALL OTHER ACCOM	0	0	.00	)	.00	.000	.00	
ALL OTHER INPATIENT 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0	.00	)	.00	.000	.00	
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INPATIENT CROSSOVERS	6	0				.000	912.00	
HOSP OUTPATIENT TOTAL		0		.00	)			.00	
MEDICAL         4         5         276.21         55.24         .333         69.05           SURGERY         5         7         385.32         55.05         .467         77.06           PATHOLOGY         18         109         860.07         7.89         7.267         47.78           RADIOLOGY         7         9         3,780.22         420.02         .600         540.03           ROM USE         27         37         1,525.33         41.23         2.467         56.49           CROSSOVERS/ALL OTH OUTPINT         14         48         1,433.21         29.86         3.200         102.37           ©COUNTY HOSPITAL TOTAL         0         0         \$         .00         .00         .00         .00         10.03         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <td< td=""><td>HOSP OUTPATIENT TOTAL</td><td>48</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	HOSP OUTPATIENT TOTAL	48							
SURGERY   5	MEDICAL	4						69.05	
PATHOLOGY 18 109 860.07 7.89 7.267 47.78 RADIOLOGY 7 9 3,780.22 420.02 .600 540.03 ROM USE 27 37 1,525.33 41.23 2.467 56.49 CROSSOVERS/ALL OTH OUTPTNT 14 48 1,433.21 29.86 3.200 102.37 COMENTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 .000 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00									
RADIOLOGY 7 9 3,780.22 420.02 .600 540.03 ROOM USE 27 37 1,525.33 41.23 2.467 56.49 CROSSOVERS/ALL OTH OUTPTNT 14 48 1,433.21 29.86 3.200 102.37 COUNTY HOSPITAL TOTAL 0 0 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .00 \$ .									
ROOM USE									
CROSSOVERS/ALL OTH OUTPTNT         14         48         1,433.21         29.86         3.200         102.37           @COUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         \$         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>									
@COUNTY HOSPITAL TOTAL         0         0         \$         .00         \$         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00									
CO HOSPITAL INPATIENT TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				•					Ś
HSC HOSPITALS         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .									۲
NON-HSC HOSPITALS TOTAL       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00<			_						
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0							
ADMINISTRATIVE DAYS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0							
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0						
ALL OTHER ACCOM 0 0 0 0 0 0 0 00 00 00 00 00 00 00 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100		0	0						
ANCILLARIES 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0						
INPATIENT CROSSOVERS         0         0         .00         .00         .00         .00           ALL OTHER INPATIENT         0         0         .00         .00         .00         .00           CO HOSP OUTPATIENT TOTAL         0         0         .00         .00         .00         .00           MEDICAL         0         0         .00         .00         .00         .00           SURGERY         0         0         .00         .00         .00         .00           PATHOLOGY         0         0         .00         .00         .00         .00           RADIOLOGY         0         0         .00         .00         .00         .00           ROOM USE         0         0         .00         .00         .00         .00			0						
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00			0						
CO HOSP OUTPATIENT TOTAL       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00		0	0						
MEDICAL       0       0       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .00       .		0	0						
SURGERY       0       0       .00       .00       .00       .00         PATHOLOGY       0       0       .00       .00       .00       .00         RADIOLOGY       0       0       .00       .00       .00       .00         ROOM USE       0       0       .00       .00       .00       .00		0	Ü						
PATHOLOGY       0       0       .00       .00       .00       .00         RADIOLOGY       0       0       .00       .00       .00       .00         ROOM USE       0       0       .00       .00       .00       .00       .00		0	Ü						
RADIOLOGY       0       0       .00       .00       .00       .00         ROOM USE       0       0       .00       .00       .00       .00       .00		0	0						
ROOM USE 0 .00 .00 .00 .00		0	0						
		0	0						
CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00 .00		0	0						
	CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	)	.00	.000	.00	

---- MONTHLY AVERAGE -

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

| Z COUNTY AVERAGE COST UNITS/DAYS COST PER C EXPENDITURES PER UNIT/DAY PER ELIG USER E @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL 56,482.36 \$ 236.33 15.933 \$ 1026.95 \$ 48,222.00 HSC HOSPITALS 42,750.00 NON-HSC HOSPITALS TOTAL ANCILLARIES
INPATIENT CROSSOVERS 6
ALL OTHER INPATIENT 0
COMM HOSP OUTPATIENT TOTAL 48 COMM HOSP OUTPATIENT TOTAL 5 7 109 9 37 48 0 0 201 0 201 0 0 0 303.32 55.05 860.07 7.89 3,780.22 420.02 1,525.33 41.23 1,433.21 29.86 SURGERY SURGERY
PATHOLOGY
RADIOLOGY
ROOM USE 7.267 .600 2.467 3.200 27 1,525.33 56.49 CROSSOVERS/ALL OTH OUTPTNT 14 1,433.21 102.37 .00 .000 \$ @STATE HOSPITAL .00 .00 .00 .00 .000 MENTALLY ILL 0 .00 DEVELOP. DISABLED Ω .00 .00 .000 .00 @NURSING FACILITY
LEV A-INTERMEDIATE
LEV B-REHAB MD \$ 157.43 31,644.03 13.400 \$ 4520.58 .00 152.53 .000 .00 .00 

 LEV B-REHAB MD
 6

 LEV B-SUBACUTE FREESTANDING
 0

 LEV B-SUBACUTE HSPTL BASED
 0

 LEV B-TRANSITIONAL IP CARE
 0

 LEV B-REGULAR
 1

 @INTERMEDIATE CARE FACIL.-DD
 0

 ICF DDH
 0

 ICF DD O
 0

 ICF DDN/DDCN
 0

 @HEMODIALYSIS TOTAL
 0

 HOSPITAL BASED
 0

 HEMODIALYSIS CENTER
 0

 @REHABILITATION FACILITY
 18

 HOSPITAL BASED
 1

 INDEPENDENT FACILITY
 17

 @LABORATORY FACILITY
 0

 30,658.53 13,400 5109.76 .000 .00 .00 .00 .00 .00 .000 .00 .00 .000 .00 .00 0 0 985.50 .00 . 000 985.50 .00 \$ .00 .000 \$ .00 0 .00 .000 .00 .00 0 .00 .00 .000 .00 .000 Ω .00 .00 .00 0 .00 \$ .00 .000 \$ .00 .00 .000 .00 .00 18 1 17 .000 .00 .00 0 206 0 .00 2,549.84 \$ 12.38 13.733 \$ 141.66 1 80.00 80.00 . 067 80.00 13.667 145.28 @LABORATORY FACILITY .000 \$ .00 Ś .000 PATHOLOGY .00 .000 XO AND OTHERS .00 @ORGANIZED OUTPATIENT CLINIC 45.867 \$ 485.04 .000 .00 CLINIC .000 .00 SURGICENTER .000 HEROIN DETOX CLINIC .00 RURAL HEALTH CLINIC 45.867 485.04 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 FEE-FOR-SERVICE/DENTAL MOP024 SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR CRAIG CASES- TOTAL IN PA-TOTAL

----- MONTHLY AVERAGE -

15 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	C
		OR DAYS OF CARE	0- 0-4 00	PER UNIT/DAY			_ Ł
@ALL OTHER PROVIDERS	137	963 \$	25,241.88				\$
DURABLE MED. EQUIP.	5	24	3,814.90		1.600		
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	2	9		96.51			
MEDICAL TRANSPORTATION	2	58		7.61			
AMBULANCES/AIR TRANS	2	57	431.65	7.57		215.83	
OTHER TRANS	0	0	.00			.00	
OTHER SERVICES	1	1	9.88	9.88	.067	9.88	
ACUPUNCTURE	0	0	.00	.00	.000	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	26	387	14,313.19	36.98	25.800	550.51	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	
OPTICIAN	65	150	1,516.77	10.11	10.000	23.33	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	2	6	203.61	33.94	.400	101.81	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	31	322	3,571.63	11.09	21.467	115.21	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	6	7	511.63	73.09	.467	85.27	
@CALIF. CHILDREN SERVICES*	117	3,444 \$	118,346.87	\$ 34.36	229.600 \$	1011.51	\$
@XOVER EXCLUDING STATE HOSP**	11	4 \$	6,489.13	\$ 1622.28	.267 \$	589.92	\$
C+ MOMATO TAL MURGE LINES AND STA	DNT NO N ODDNI				•		

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2005 THRU DEC 2005 PA MOP024 FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

BINIII CROZ COUNTI	DOMINIME OF DER	OF THE REST OF BERNICES FOR TOTAL CERTIFIED							
						MON	THLY AVERA	GE -	
70,297 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	E	
@TOTAL, ALL PROVIDERS	100,900	804,177	\$	53,890,205.67	\$ 67.01	11.440 \$	534.10	\$	
@PHYSICIANS SERVICES	12,257	37,476	\$	3,001,525.34	\$ 80.09	.533 \$	244.88	\$	
OUTPATIENT VISITS	6,170	9,223		585,671.00	63.50	.131	94.92		
OFFICE VISITS	1,798	2,089		104,523.27	50.04	.030	58.13		
HOME VISITS	2	6		182.40	30.40	.000	91.20		
EMERGENCY ROOM	1,733	1,951		126,079.93	64.62	.028	72.75		
PREVENTIVE CARE	10	10		428.23	42.82	.000	42.82		
OB VISITS/COMPRE PERI	2,290	4,279		316,743.19	74.02	.061	138.32		
OTHER OUTPATIENT	755	888		37,713.98	42.47	.013	49.95		
INPATIENT VISITS	1,672	5,988		544,392.01	90.91	.085	325.59		
HOSPITAL VISITS	1,498	3,605		183,920.73	51.02	.051	122.78		
CRITICAL CARE	319	2,365		359,839.28	152.15	.034	1128.02		
SNF/ICF/TRANS IP CARE	16	18		632.00	35.11	.000	39.50		

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OPHTHALMOLOGICAL SERVICES	93	121		5,555.85		45.92	.002		59.74	
EXAMINATIONS	93	121		5,555.85		45.92	.002		59.74	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	
INPATIENT HOSPITAL SURGERY	1,946	5,840		1,033,532.36		176.97			531.11	
PRINCIPAL SURGEON	1,318	1,508		828.009.47		549.08			628.23	
A COTOMANIM CUIDOM	262	264		49,340.16		186.89			187.61	
ANESTHESIOLOGIST	644	4,068		156,182.73		38.39			242.52	
OUTPATIENT SURGERY	938	2,368		157,180.05		66.38			167.57	
PRINCIPAL SURGEON	774	1,159		114,522.63		98.81			147.96	
ASSISTANT SURGEON	3	3		559.50		186.50			186.50	
ANESTHESIOLOGIST	213	1,206		42,097.92		34.91			197.64	
ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY	5	, 6		42,097.92 1,332.69		222.12			266.54	
PATHOLOGY	1,130	2,577		38,353.45		14.88			33.94	
RADIOLOGY	4,034	5,840		268,550.70		45.98			66.57	
PSYCHIATRY	37	43		1,784.20		41.49			48.22	
IMMUNIZATION AND INJECTION	165	335		19,474.01		58.13	.005		118.02	
OTHER SERVICES/ALL X-OVERS	2,207	5,135		345,699.02		67.32			156.64	
@PHARMACY	25,490	164,283	\$	11,708,046.02	\$	71.27	2.337	\$	459.32	\$
PRESCRIPTION DRUGS	24,913	57,011	·	10,731,319.92		188.23	.811	·	430.75	·
SNF/ICF	4,384	11,646		2,478,647.39		212.83	.166		565.38	
OUTPATIENTS	20,775	45,365		8,252,672.53		181.92	.645		397.24	
MEDICAL SUPPLIES	1,310	107,272		976,726.10		9.11	1.526		745.59	
@DENTIST	15,535	74,229	\$	2,233,862.21	\$	30.09	1.056	\$	143.80	\$
VISITS - DIAGNOSTIC	12,258	49,847		671,092.75		13.46	.709		54.75	
ORAL SURGERY	1,877	4,784		296,577.94		61.99	.068		158.01	
DRUGS	664	728		16,258.75		22.33	.010		24.49	
@DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	434	461		39,632.96		85.97	.007		91.32	
PERIODONTICS	474	485		52,803.25		108.87	.007		111.40	
ENDODONTICS	1,084	2,247		284,980.71		126.83	.032		262.90	
RESTORATIVE DENTISTRY	4,195	12,761		657,010.27		51.49			156.62	
PROSTHETICS	88	99		2,924.50		29.54	.001		33.23	
DENTURES, STAYPLATES	88 430	1,292		153,366.85		118.70	.018		356.67	
SPACE MAINTAINERS	98 21 1	114		14,684.00		128.81	.002		149.84	
MAXILLOFACIAL SERVICES	21	24		5,035.25		209.80	.000		239.77	
FRACTURES, DISLOCATIONS	1	1		700.00		700.00	.000		700.00	
ORTHODONTIC SERVICES	346	472		37,244.98		78.91	.007		107.64	
ALL OTHER SERVICES	536	914		1,550.00		1.70	.013		2.89	
	MEDI-CAL SERVICES A		RES	MONTH-OF-PAYMENT RE	PORT	FOR JAN	2005 THRU	DEC	2005	PA
MOP024	FEE-FOR-SERVICE/DEN	TAL								
SANTA CRUZ COUNTY	SUMMARY OF SERVICES	FOR TOTAL	CERT	IFIED						
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70,297 ELIGIBLES USERS UNITS OF SERVICE **EXPENDITURES** AVERAGE COST UNITS/DAYS COST PER C OR DAYS OF CARE PER UNIT/DAY PER ELIG USER @OPTOMETRIST 173 462 8,996.15 19.47 .007 \$ 52.00 \$ DIAGNOSTIC AND ANC. PROCED 104 124 3,424.46 27.62 .002 32.93 121 325 5,177.41 15.93 .005 42.79 EYE APPLIANCES OTHER OPTOMETRIC SERVICES 11 13 394.28 30.33 .000 35.84 @CHIROPRACTOR 0 0 .00 .000 \$ .00 .00 VISITS 0 0 .00 .00 .000 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 @PODIATRIST 55 102 2,197.72 21.55 .001 \$ 39.96 MEDICINE/INJECTIONS 1 1 57.20 57.20 .000 57.20 SURGERY/ANES. 0 0 .00 .00 .000 .00 RADIO./PATHOLOGY 0 0 .00 .000 .00 .00 OTHER 54 101 2,140.52 21.19 .001 39.64

----- MONTHLY AVERAGE -

@HOME HEALTH AGENCY	402	12,482	\$ 467,814.62	\$ 37.48	.178	\$ 1163.72	\$
NURSE ANESTHESIST	1	70	\$ 73.94	\$ 1.06	.001	\$ 73.94	\$
NURSE MIDWIFE	53	1,013	\$ 19,786.57	\$ 19.53	.014	\$ 373.33	\$
PEDIATRIC NURSE PRACTITIONER	5	6	\$ 165.00	\$ 27.50	.000	\$ 33.00	\$
FAMILY NURSE PRACTITIONER	0	0	\$ .00	\$ .00	.000	\$ .00	\$
@TOTAL HOSPITAL	8,721	43,538	\$ 16,204,726.03	\$ 372.20	.619	\$ 1858.13	\$
HOSP INPATIENT TOTAL	2,027	8,298	15,096,499.10	1819.29	.118	7447.71	
HSC HOSPITALS	696	3,154	6,450,003.19	2045.02	.045	9267.25	
NON-HSC HOSPITAL TOTAL	1,101	5,144	8,443,762.65	1641.48	.073	7669.18	
ACCOMMODATIONS	1,101	5,144	2,554,213.06	496.54	.073	2319.90	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	1,101	5,144	2,554,213.06	496.54	.073	2319.90	
ANCILLARIES	1,101	0	5,889,549.59	.00	.000	5349.27	
INPATIENT CROSSOVERS	239	0	202,733.26	.00	.000	848.26	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
HOSP OUTPATIENT TOTAL	7,570	35,240	1,108,226.93	31.45	.501	146.40	
MEDICAL	926	1,750	127,886.43	73.08	.025	138.11	
SURGERY	671	800	36,760.09	45.95	.011	54.78	
PATHOLOGY	2,962	11,697	128,801.26	11.01	.166	43.48	
RADIOLOGY	1,703	2,186	208,387.28	95.33	.031	122.36	
ROOM USE	3,584	4,820	196,224.08	40.71	.069	54.75	
CROSSOVERS/ALL OTH OUTPTNT	3,583	13,987	410,167.79	29.32	.199	114.48	
@COUNTY HOSPITAL TOTAL	191	765	\$ 329,894.65	\$ 431.23	.011	\$ 1727.20	\$
CO HOSPITAL INPATIENT TOTAL	45	234	307,298.20	1313.24	.003	6828.85	
HSC HOSPITALS	41	230	303,623.22	1320.10	.003	7405.44	
NON-HSC HOSPITALS TOTAL	2	4	2,520.79	630.20	.000	1260.40	
ACCOMMODATIONS	2	4	925.20	231.30	.000	462.60	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	
ALL OTHER ACCOM	2	4	925.20	231.30	.000	462.60	
ANCILLARIES	2	0	1,595.59	.00	.000	797.80	
INPATIENT CROSSOVERS	2	0	1,154.19	.00	.000	577.10	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	
CO HOSP OUTPATIENT TOTAL	158	531	22,596.45	42.55	.008	143.02	
MEDICAL	65	85	4,987.16	58.67	.001	76.73	

SURGERY	10	17	768.22	45.19	.000	76.82				
PATHOLOGY	42	109	1,441.05	13.22	.002	34.31				
RADIOLOGY	26	54	3,958.31	73.30	.001	152.24				
ROOM USE	77	123	4,687.41	38.11	.002	60.88				
CROSSOVERS/ALL OTH OUTPTNT	62	143	6,754.30	47.23	.002	108.94				
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2005 THRU DE	C 2005				
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SANTA CRUZ COUNTY	SUMMARY OF SERV	VICES FOR TOTAL CEF	RTIFI	ED EXPENDITURES				
						MON'	THLY AVERA	AGE -
70,297 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	C
		OR DAYS OF CARE			PER UNIT/DA	Y PER ELIG	USER	E
@COMMUNITY HOSPITAL TOTAL	8,539	42,773 \$	\$	15,874,831.38	\$ 371.14	.608 \$	1859.10	\$
COMM HOSP INPATIENT TOTAL	1,983	8,064		14,789,200.90	1833.98	.115	7457.99	
HSC HOSPITALS	656	2,924		6,146,379.97	2102.05	.042	9369.48	
NON-HSC HOSPITALS TOTAL	1,099	5,140		8,441,241.86	1642.26	.073	7680.84	
ACCOMMODATIONS	1,099	5,140		2,553,287.86	496.75	.073	2323.28	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
ALL OTHER ACCOM	1,099	5,140		2,553,287.86	496.75	.073	2323.28	
ANCILLARIES	1,099	0		5,887,954.00	.00	.000	5357.56	
INPATIENT CROSSOVERS	237	0		201,579.07	.00	.000	850.54	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	
COMM HOSP OUTPATIENT TOTAL	7,417	34,709		1,085,630.48	31.28	.494	146.37	
MEDICAL	863	1,665		122,899.27	73.81	.024	142.41	
SURGERY	661	783		35,991.87	45.97	.011	54.45	
PATHOLOGY	2,920	11,588		127,360.21	10.99	.165	43.62	
RADIOLOGY	1,677	2,132		204,428.97	95.89	.030	121.90	
ROOM USE	3,507	4,697		191,536.67	40.78	.067	54.62	
CROSSOVERS/ALL OTH OUTPTNT	3,521	13,844		403,413.49	29.14	.197	114.57	
@STATE HOSPITAL	0	0 \$	\$	.00	\$ .00	.000 \$	.00	\$
MENTALLY ILL	0	0		.00	.00	.000	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	
@NURSING FACILITY	116	3,351	\$	464,620.95	\$ 138.65	.048 \$	4005.35	\$
LEV A-INTERMEDIATE	3	91		6,936.14	76.22	.001	2312.05	
LEV B-REHAB MD	45	1,514		220,390.78	145.57	.022	4897.57	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	
LEV B-REGULAR	68	1,746		237,294.03	135.91	.025	3489.62	
@INTERMEDIATE CARE FACILDD	10	290 \$	\$	47,400.50	\$ 163.45	.004 \$	4740.05	\$
ICF DDH	10	290		47,400.50	163.45	.004	4740.05	
ICF DD	0	0		.00	.00	.000	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	
@HEMODIALYSIS TOTAL	18	561 \$	\$	23,561.79	\$ 42.00	.008 \$	1308.99	\$
HOSPITAL BASED	0	0		.00	.00	.000	.00	
HEMODIALYSIS CENTER	18	561		23,561.79	42.00	.008	1308.99	
@REHABILITATION FACILITY	737	9,530	\$	134,405.32	\$ 14.10	.136 \$	182.37	\$
HOSPITAL BASED	206	824		22,911.20	27.80	.012	111.22	
INDEPENDENT FACILITY	532	8,706		111,494.12	12.81	.124	209.58	
@LABORATORY FACILITY	5,159	14,331	\$	195,681.69	\$ 13.65	.204 \$	37.93	\$
PATHOLOGY	5,154	14,323		195,562.16	13.65	.204	37.94	•
XO AND OTHERS	5	8		119.53	14.94	.000	23.91	
@ORGANIZED OUTPATIENT CLINIC	41,885	103,777 \$	\$	16,405,386.67	\$ 158.08	1.476 \$	391.68	\$
CLINIC	2,864	11,853		447,908.65	37.79	.169	156.39	
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DDD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER	2,864 7	15		1,261.88	84.13	.000	180.27	

----- MONTHLY AVERAGE -

FEE-FOR-SERVICE/DENTAL

SANTA CRUZ COUNTY SUMMARY OF SERVICES FOR TOTAL CERTIFIED

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					MOIN.	IUDI AARKA	7GE -
70,297 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E
@ALL OTHER PROVIDERS	12,630	338,676	\$ 2,971,955.15	\$ 8.78	4.818 \$	235.31	\$
DURABLE MED. EQUIP.	244	1,186	204,543.16	172.46	.017	838.29	
BLOOD BANK	0	0	.00	.00	.000	.00	
HEARING AID DISPENSERS	15	32	7,342.54			489.50	
MEDICAL TRANSPORTATION	292	4,948	96,744.02	19.55	.070	331.32	
AMBULANCES/AIR TRANS	283	4,820	57,127.90	11.85	.069	201.87	
OTHER TRANS	6	51	311.55	6.11	.001	51.93	
OTHER SERVICES	76	77	39,304.57	510.45	.001	517.17	
ACUPUNCTURE	25	64	1,103.23	17.24	.001	44.13	
ADULT DAY HEALTH CARE CTR	17	135	9,435.06	69.89	.002	555.00	
GENETIC DISEASE TESTING	759	759	79,623.00	104.91	.011	104.91	
IHMC, MODEL-NF, NF, AIDS, MSSP	1,880	35,125	1,505,321.49	42.86	.500	800.70	
OCCUPATIONAL THERAPIST	8	89	1,094.13	12.29	.001	136.77	
OPTICIAN	4,064	9,365	91,060.20	9.72	.133	22.41	
PHYSICAL THERAPIST	2	14	237.98	17.00	.000	118.99	
PORTABLE X-RAY	4	6	76.38	12.73	.000	19.10	
PROSTHETIST/ORTHOTISTS	43	208	42,725.98				
PROSTHETICS	43	208	42,725.98	205.41	.003	993.63	
ORTHOTICS	0	0	.00	.00	.000	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	
SPEECH AND AUDIOLOGY	85	281	12,568.26	44.73	.004	147.86	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	
LOCAL EDUCATION AGENCIES	4,879	79,245	524,630.67	6.62	1.127	107.53	
EPSDT SUPPLEMENTAL SERVICE	37	10,186	270,732.63	26.58	.145	7317.10	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	
ALL OTHER PROVIDERS	498	197,033	124,716.42	.63	2.803	250.43	
@CALIF. CHILDREN SERVICES*	6,273	279,144	\$ 9,652,050.78	\$ 34.58	3.971 \$	1538.67	\$
@XOVER EXCLUDING STATE HOSP**	763	7,840	\$ 263,363.29	\$ 33.59	.112 \$	345.17	\$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.